

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Illinois Water Revolving Loan Fund Request for Loan Disbursement

Loan Recipient: City of Crest Hill, Illinois

Loan #: L17-5735

Service Dates for this Request: From: 7/1/2023 To: 7/31/2023 Request #: 13

Date: 8/31/2023

Complete this form for each request for disbursement from the State Water Revolving Fund pursuant to the executed loan agreement. Report **total cumulative costs** incurred to date and submit copies of all supporting invoices. Submit cost allocation if there are other funding sources.

Please complete, print, sign, scan, and email to EPA.LoanMgmt@illinois.gov

	Eligible Budget (per loan agreement +/- IEPA approved change orders)	Total Cumulative Costs Incurred to Date	Total Cumulative <u>Eligible</u> Costs Incurred to Date
Legal/Administrative	\$0.00	\$0.00	\$0.00
Design Engineering	\$416,900.00	\$416,900.00	\$416,900.00
Construction Engineering	\$415,900.00	\$274,382.70	\$274,382.70
Construction (before retainage) - List each contractor separately			
Williams Brother Construction, Inc.	\$4,949,558.00	\$3,573,568.45	\$3,573,568.45
Other:			
TOTAL COSTS TO DATE		\$4,264,851.15	\$4,264,851.15
Less Retainage - List each contractor separately		\$247,477.90	\$247,477.90
Less Paid with Other Funding Sources		\$0.00	\$0.00
Less Total Interest Earned on Invested Funds			\$0.00
Less Total Disbursements to Date			\$3,613,281.94
Less Rounding adjustment for bonds (if necessary)			\$0.00
NET DISBURSEMENT REQUESTED			\$404,091.31

	FOR AGENCY USE ONI	LY	
Prepared by:		Date:	
Approved by:		Date:	

Please indicate compliance with the following by marking the checkbox:

2	This disbursement request constitutes a report in additional and the second	ccordance with Section 4(b)(2) of the Illinois Grant
_	Funds Recovery Act (30 ILCS 705/4(b)(2)) and is in	ntended to describe the progress of the project and
	the expenditure of the loan funds related thereto.	

The loan recipient is in compliance with all Standard and Special Conditions of the Loan Agreement and any subsequent Amendments executed for this loan project.

No refunds, rebates, or credits have been received by the loan recipient.

The loan recipient is in compliance with the wage rate requirements established in rules issued by the U.S. Department of Labor to implement the Davis-Bacon Wage Act and other related acts (29 CFR Parts 1, 3, and 5). Certified payroll records for the time period covered by the submitted invoices are being maintained and are available for review.

If this disbursement contains construction costs, the Illinois Works Apprenticeship Initiative Periodic Report is included with this request. Only applies to loans issued since May 8, 2020.

Engineering charges have been reviewed, and are reasonable, supported, and separated with documentation and in accordance with the approved engineering contract. The loan recipient acknowledges that no construction observation charges after the approved final completion date are eligible for loan reimbursement.

Each prime contractor has current and appropriate insurance coverage including workman's compensation, public liability and property damage, fire, and extended coverage including "All Risk" type of Builder's Risk Insurance.

Flood insurance has been acquired and maintained on eligible insurable structures under construction pursuant to the National Flood Insurance Act of 1968, as amended; or official exclusion from flood insurance requirements has been received from the Federal Emergency Management Agency; or there are no insurable structures located within a flood plain.

This is a first or final disbursement request and the additional checklist has been completed and submitted.

Please complete, print, sign, scan, and email to EPA.LoanMgmt@illinois.gov

I hereby certify that this request for disbursement is, to the best of my knowledge and belief, a true and accurate request for disbursement, that it is made in accordance with the conditions of the loan for the project, and that I am authorized to request disbursement on behalf of the borrower.

Lisa Banovetz	Finance Director
Authorized Representative (Printed Name)	Title
MISA Mun	8/31/2023
Signature	Date

SUMMARY SHEET

APPLICATION FOR PAYMENT

OWNEF	R: <u>City of Crest Hill, Illinois</u>	PROJECT: <u>E</u>	ast WRF Phosphorus Removal Upgrades
CONTR	ACTOR: Williams Brothers Construction Inc.	CONTRACT:	1-2022
FOR PE	RIOD ENDING: 7/ <u>31/2023</u>	PAYMENT A	PPLICATION DATE: 7/31/2023
PAYME	NT APPLICATION NO.: 13		
	CONTRACT AMOUNT		
	ORIGINAL CONTRACT AMOUNT		\$ <u>4,930,000.00</u>
	PLUS: ADDITIONS TO CONTRACT		\$19,558.00
	LESS: DEDUCTIONS FROM CONTRACT		\$0
	ADJUSTED CONTRACT AMOUNT TO DATE		\$ <u>4,949,558.00</u>
	WORK PERFORMED		
	COST OF WORK COMPLETED		\$3,573,568.45
	PLUS MATERIALS STORED (ATTACH SCHEI	DULE)	\$
	NET AMOUNT EARNED TO DATE	,	\$3,573,568.45
	LESS AMOUNT OF RETAINAGE		\$247,477.90
	SUBTOTAL		\$3,326,090.55
	LESS PREVIOUS PAYMENTS		\$(2,935,856.76 <u>)</u>
	AMOUNT DUE THIS APPLICATION		\$390,233.79

CONTRACTOR's Certification:

The undersigned CONTRACTOR certifies, to the best of its knowledge, the following: (1) All previous progress payments received from OWNER on account of Work done under the Contract have been applied on account to discharge CONTRACTOR's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment; (2) Title to all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to OWNER at time of payment free and clear of all Liens, security interests, and encumbrances (except such as are covered by a bond acceptable to OWNER indemnifying OWNER against any such Liens, security interest, or encumbrances); and (3) All Work covered by this Application for Payment is in accordance with the Contract Documents and not defective.

Required lien waivers attached.

Dated 8/2/2023

Williams Brothers Construction, Inc. CONTRACTOR (Authorized Signature) (Print Name) ach

Payment of the above AMOUNT DUE THIS APPLICATION is recommended.

Dated <u>\$81</u>, <u>123</u>

STRAND ASSOCIATES, INC.® Bv (Authorized Signature) MIMMER Ott (Print Name)

Initials\F:\JACOB\CREST HILL\PAY REQUEST FORMPAY REQEUST SUMMARY SHEET APP#13.DOCX\080223

STRAND ASSOCIATES, INC®. 12/20

APPLICATION FOR PA	AYMENT NO. 13		WBCI Invoice No 7 23 55	<u>3 13</u>	
TO OWNER: City of Crest Hill 1610 Plainfield Road					
Crest Hill, Illinois 60403					
FROM CONTRACTOR:	Williams Brothers Construction Inc				
	From: Jacob Lee	Pri 309.000.0410,	Fax 309.688.0891		(A)
Engineer: Strand Associates, Inc.	., 910 West Wingra Drive, Madison V Att'n: Tim Juskiewicz		Fax: 608.251.8655		
CONTRACT FOR: General PROJECT: East Water Reclamatic OWNER's Contract No. For Work accomplished through th	on Facility Phosphorus Removal Upg ENGINEER's Project No. he date of: Jul;y 31, 3				
Continuation Sheet is attached.					
1. Original Contract Price:.			······ ············	4,930,000.00	
2. Net Change by Change O	orders and Written Amendment	s (+ or -)	······	19,558.00	
3. Current contract Price (1	plus 2):		·····	4,949,558.00	
4. Total completed and store	ed to date:		··················	3,573,568.45	
b 5% % of Stored Materia	al		(247,477.90)		
Total Retainage (I	Line 5a + 5b)			(247,477.90)	
6. Total completed and store	ed to date less retainage (4 m	inus 5):		3,326,090.55	
7. Less previous Application (Line 6 from prior Certific	n for Payments:			(2,935,856.76)	
8. DUE THIS APPLICATION	N (6 MINUS 7) :			390,233.79	

CONTRACTOR'S Certification:

The undersigned CONTRACTOR certifies that (1) all prev		
account of Work done under the Contract referred to above		
of CONTRACTOR incurred in connection with Work cove		
		equipment incorporated in said Work or otherwise
listed in or covered by this Application for Payment will pa		
liens, claims, security interests and encumbrances (except		
indemnifying OWNER against any such lien, claim, securi		
by this application for Payment is in accordance with the 0	Contract Documents a	and not defective as that term is
defined in the Contract Documents.		
Dated June 30, 2023 PER. TO:	June 30, 2023	By:
Required lien waivers attached.		
Payment of the above AMOUNT DUE TH	IIS APPLICATIO	Of is recommended
Dated:		STRAND ASSOCIATES, INC.
		BY:

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FRP Chemical Tank	EBD Chemical Tank	Fiberglass Fabrications & Gramiy	Woods and Plastics	Aluminum Handrails	Aluminum Handrails	Misc. Metals	Misc. Metals	Metals	Base Slabs	Base Slabs	Walls	Walls	Repar	Repar		Suspended Slab on Grade	Suspended Slab on Grade	Slab on Grade-Stairs	Siap on Grade-Stails	base viaos	Base Slabs	Walls	Walls	Wollo	Bahar	Rehar	Chemical Phosphorus Str. 8000	Suspended Slab on Grade	Suspended Slah on Grade	Base Slahs	Base Slabs	Walls	Walls	Rebar	Rebar	Oxidation Ditch Str. 4000	Concrete	Site Demo	Sheet 05-D1 01	Sheet 29	Demolition	Sheet 28	Demolition	Sheet 25	Demolition	Sheet 16	Existing Conditions	General Overhead and Profit	Demobilization	Mobilization	Submittal Exchange	Bond and Insurance	General Conditions	DESCRIPTION		CONTINUATION SHEET	
	M Plas-Tanks Industries	Williams Brothers Const	M Mona Composites	L Williams Brothers Const. Inc.	E		M Pleasant Mount vveiding, inc.		L Williams Brothers Const. Inc.			I Williams Brothers Const			M Harrie				1		I Williams Brothers Const Inc					M Hamis			M Ozinga			_	M Ozinga/Narvick		M Harris			L Williams Brothers Const. Inc.		I Williams Brothers Const. Inc.	L VVIIIIams Brouters Const. Inc.		L Williams Brothers Const. Inc.		L Williams Brothers Const. Inc.			Williams Brothers Const. Inc.	Williams Brothers Const. Inc.	Williams Brothers Const. Ir	Williams Brothers Const. Inc.	Williams Brothers Const. Ir		SUBCONTRACTOR	SUPPLIER/		
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Charl I In		Electrical Demo	Flectrical	Sludge Dump Building Str 23000	Start I In	Electrical Install		Chemical Phosphorus Str. 8000	Ctat I la	Electrical Install	Electrical Demo	Electrical	Oxidation Ditch Str. 4000	Instrumentation	Control Panels	Equipment	Motor Control Centers/VEDs	Control and Instrumentation	Enhancement Time	O&M Drawings	PLC OIT & SCADA Programming	Control Panel Design	Project Management	Project Initiation	O&M Start Up. Training	SCADA Integration Programming	Instruments (ISO Flowmeterand Vega Puls Radar)	Collection System Diversion Structure Control Panel	Flectrical	Prefab Chemical Phosphonis Removal Building	Drefat Chemical Phosphonic Removal Ruilding	Plastic & Metal Signs	Plastic & Metal Signs	Fire Extinguishers	Fire Extinguishers	Information Specialties	Manhole Lining	Manhole Lining	Diversion Structure Manhole	Painting	Painting	Sludge Storage Tank #4	Painting	Painting	Sludge Pump Building Str. 23000	Chemical Resistant Coating	Chemical Resistant Coating	CP Removal Building	Painting	Painting	Oxidation Ditch Str. 4000	Finishes	DESCRIPTION		CONTINUATION SHEET
I Elliot Electric	_		M Elliot Electric				M Elliot Electric			L Elliot Electric		M Elliot Electric		Concentric Integration	Concentric Integration	Concentric Integration	Concentric Integration	Concentric Integration	Concentric Integration	Concentric Integration	Concentric Integration	Concentric Integration	Concentric Integration	Concentric Integration	Energenecs	Energenecs		I Energenecs		_	M Metropolitan Pump Company		Williamo Brothorn Const Inc	_	M Williams Brothers Const. Inc.		L RP Coatings	M RP Coatings		L RP Coatings	M RP Coatings		L RP Coatings	M RP Coatings		L RP Coatings	M RP Coatings		L RP Coatings	M RP Coatings			SUBCONTRACTOR		
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Electrical Install	Electrical	Structure 98	Electrical Labor	Electrical Install	Electrical	Sludge Storage Tank Str. 25000	DESCRIPTION		VSHEET		
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Elliot Electric	Elliot Electric		Elliot Electric	Elliot Electric	Elliot Electric		SUPPLIER/ SUBCONTRACTOR				
24,000.00	15,000.00		500.00	5,500.00	2,000.00		SCHEDULED VALUE			Page 3	
17,000.00	12,500.00		0.00	750.00	500.00		VALUE PREV APPL THIS PERIO	APPL. DATE:	Application No.		
5,000	2,000.						IHIS PERIO	June 30, 2023	13		

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Site DIP NPW	Site Valve & Material Man Hole 182	Site Valve & Material Man Hole 1&2	Site Process Pining Storm	Sito Drocess Dining Storm	Cutting & Capping	Site Proc Piping PRC	Site Proc Piping PRC	Mobilization	Overhead and Profit	Bypass Pumping	Start-Up & Owner Training	Glass-Lied Steel Sludge Storage Tank	Glass-Lied Steel Sludge Storage Tank	Utilities	Seeding	Sidewalks	Sidewalks	Paving	Paving	Exterior Improvements	Shoile Offsite	Chemcial Tank Excavation	Storage Tank Backfill	Storage Tank Excavation	Oxidation Ditch Backfill	Oxidation Ditch Excavation	Site Grading	Silt Fence	Mobilization, Demobilization and Supervisor	Earthwork	Office	Misc Job Expenses	Supervision	Arc Flash Labels	Arc Flash System	Fire Alarm	Fire Alarm	Lishting	Lighting Protection	Lighting Protection	Site-Poles/Feeders	Site-Poles/Feeders	Site-Handholes	Site-Handholes	Generator	Generator	Start Up	Electrical Install	Electrical	Structure 08		Electrical	Sludge Storage Tank Str. 25000	DESCRIPTION		CONTINUATION SHEET
G.A Rich & Sons,	M G A Rich & Sons Inc	G A Rich & Sons		_	M C A Dich & Sons Inc	M G.A Rich & Sons, Inc		I C A Bich & Sons Inc	G.A Ricit & Solis, Ilic	C A Bich & Sons Inc	L Cady Aquastore	L Cady Aquastore	M Cady Aquastore		Const.	L Williams Brothers Const. Inc.	-	-	M Glander Paving	Contraction of the second s	L Concord Excavating	Concord Excavating Concord Excavating	Concord Excavating	L Concord Excavating	L Concord Excavaling	L Concord Excavating	L Concord Excavating	L Concord Excavating	L Concord Excavating		L Elliot Electric	M Elliot Electric	L Elliot Electric		-		_	I Elliot Electric	_			M Elliot Electric		M Elliot Electric	L Elliot Electric	M Elliot Electric	L Elliot Electric		M Elliot Electric			I Elliot Electric		SUBCONTRACTOR	SUPPLIER	
7,500.00	11.300.00	13.000.00	3,900.00	12.000.00	7 000 00	15 000 00	1 0,000.00	18 000 00	30 000 00	126 100 00	200.000	3 000 00	321,000.00		1,200.00	4,013.00	2,976.00	31,000.00	19,000.00		26,000.00	5.000.00	8 000 00	5 000.00	21,000.00	22,000.00	43,000.00	3,000.00	11,000.00		10,000.00	13,460.00	46,000.00	500.00	2,500.00	3,500.00	500.00	10.000.00	500.00	11,100.00	23,000.00	14,000.00	2,000.00	1,000.00	12,500.00	19,760.00	1,000.00	24,000.00	15,000.00		500.00	5.500.00	2000		SCHEDULED	
5,625.00	9.040.00	7,800.00	0.00	0.00	1 400 00	3 000 00	1 200 00	14 400 00	20,000,00	71 877 00	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00		24,000.00	5.000.00	8 000.00	0 00	01 000 00	22,000.00	15,500.00	3,000.00	9,680.00		5,750.00	2,700.00	22,000.00	0.00	0.00	0.00	0.00	5.500.00	6 500 00	500 00	0.00	12,500.00	0.00	0.00	11,000.00	18,000.00	0.00	17,000.00	12,500.00		0.00	750.00	500 00	PREV APPL	< WORK COM	Application No. 13 APPL. DATE: Jui
1,875.00	1,130.00	2,600.00	3,900.00	10,800.00	2.100.00	4 500 00			10,110,00	20,000.00	20 000 00	12,000.00	48,150.00	10 100 00							1,000.00		1,000.00	2 000 00			5,000.00	7 000 00	700.00		1,000.00	3,700.00	6,500.00			1,750.00		1.500.00								1,760.00		5,000.00	2,000.00			_		PL THIS PERIOD	PLETED	ine 30. 2023
7,500.00	10,170.00	10,400.00	3,900.00	10,800.00	3,500.00	7.500.00	1 200 00	14,400.00	30 000 00	92.053.00	20.000.00	00.0	40,100.00	10 150 00	0.00	0.00	0.00	0.00	0.00		25,000.00	5,000.00	8.000.00	2.000.00	21 000 00	22,000.00	20,000	3,000.00	10,380.00		6,750.00	6,400.00	28,500.00	0.00	0.00	1,750.00	0.00	7,000.00	6.500.00	500 00	0.00	11 500 00	13 500 00	0.00	11,000.00	19,760.00	0.00	22,000.00	14,500.00		0.00	750.00	500.00	STORED & STORED	MATERIALS TOTAL COMPL	ARCHITECT'S PROJECT NO.:
100%			100%	%06	50%	50%	100%	80%	100%	73%	100%	0%	170%	1.502	0%	0%	0%	%0	%0			100%				85%		100%	94%	0.00	68%	48%	62%	0%	0%	50%	0%	70%	100%	4%	%0 %00	50%	%0 %0	0%	%88	100%	0%	92%	97%		0%	14%	25%	Complete	%	JUNE 30, 2023
0.00	1,130.00	2,600.00	0.00	1,200.00	3,500.00	7,500.00	0.00	3,600.00	0.00	34,047.00	0.00	2.000.00	112 200 00	272 850 DD	1,200.00	4,013.00	2,976.00	31,000.00	19,000.00		1,000.00	0.00	0.00	3,000.00	0.00	4.050.00	22,000.00	22 200 00	620.00	222	3,250.00	7,060.00	17,500.00	500.00	2,500.00	1,750.00	500.00	3,000.00	0.00	12.000.00	11 180 00	11 500 00	2,000.00	0,000,00	1,500.00	0.00	1,000.00	2,000.00	500.00		500.00	4,750.00	1.500.00	TOFINISH	BALANCE	
750.00	1,017.00	1,040.00	390.00	1,080.00	350.00	750.00	120.00	1,440.00	3,000.00	9,205.30	2,000.00	0.00	1 980 00	4 815 00	0.00	0.00	0.00	0.00	0.00		2,500.00	500.00	800.00	200.00	2.100.00	2.295.00	2,000,00	3 050 00	7,038.00	1 000 00	675.00	640.00	2,850.00	0.00	0.00	175.00	0.00	700.00	650.00	50.00	0.00	1 150 00	1 350 00	0.00	1,100.00	1,976.00	0.00	2,200.00	1,450.00		0.00	75.00	50.00		RETAINAGE	

200	199	198	197	196	195	194	193	192	191	190	189	188 Div. #40	187	186	185	184	183	182	181	180	179	178	177	176	175	174	173		co
																												NO	NTINUATI
Process Valves	Process Valves	Start-Up & Owner Training	Weir Gate	Weir Gate	Start-Up & Owner Training	Sluice Gate 16" Opening	Sluice Gate 16" Opening	Start-Up & Owner Training	Sluice Gate 20" Opening	Sluice Gate 20" Opening	Oxidation Ditch bldg 4000	Process Interconnections	Site DIP Drain Lines	Site DIP Drain Lines	Site DIP SMS	Site DIP SMS	Site DIP SMD	Site DIP SMD	Site DIP TDSL	Site DIP TDSL	Site DIP RAS	Site DIP RAS	Site DIP Plant Inf	Site DIP Plant Inf	Site DIP Domestic	Site DIP Domestic	Site DIP NPW	DESCRIPTION	CONTINUATION SHEET
M G.A Rid	L G.A Rid	L RW Gate	L William	M RW Gate	L RW Gate	L William	M RW Gate	L RW Gate	L William	M RW Gate			M G.A Ric	L G.A Ric	M G.A Ric	SUPPLIER/ SUBCONTF													
G.A Rich & Sons. Inc	G.A Rich & Sons, Inc	ate	Williams Brothers Const. Inc.	Ite	ite	Williams Brothers Const. Inc.	ite	ite	Williams Brothers Const. Inc.	Ite			G.A Rich & Sons, Inc	SUPPLIER/ SUBCONTRACTOR															
50,000.00	15,000.00	840.00	3,500.00	13,530.00	840.00	3,500.00	16,590.00	840.00	3,500.00	17,990.00			25,000.00	50,000.00	25,000.00	35,000.00	25,000.00	35,000.00	30,000.00	40,000.00	20,000.00	20,000.00	10,000.00	15,000.00	1,000.00	7,500.00		VALUE P	
30,000.00	1,500.00	0.00	1,750.00	13,530.00	0.00	1,750.00	16,590.00	0.00	1,750.00	9,350.00			21,250.00	30,000.00	18,750.00	21,000.00	18,750.00	21,000.00	30,000.00	20,000.00	20,000.00	18,000.00	10,000.00	11,250.00	0.00	0.00		X	APPL: DATE: Jur
													3,750.00	20,000.00	6,250.00	14,000.00	6,250.00	14,000.00		20,000.00		2,000.00		3,750.00	1,000.00	7,500.00		THIS PERIOD	
				2					_																			STORED	
30,000.00	1,500.00	0.00	1,750.00	13,530.00	0.00	1,750.00	16,590.00	0.00	1,750.00	9,350.00			25,000.00	50,000.00	25,000.00	35,000.00	25,000.00	35,000.00	30,000.00	40,000.00	20,000.00	20,000.00	10,000.00	15,000.00	1,000.00	7,500.00	2,000.00		RO
60%	10%	0%	50%	100%	0%	50%	100%	0%	50%	52%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	% Complete	JECT NO.:
20,000.00	13,500.00	840.00	1,750.00	0.00	840.00	1,/50.00	0.00	840.00	1,750.00	8,640.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		8
3,000.00	150.00	0.00	0.00	7,353.00	0.00	0.00	1,659.00	0.00	0.00	935.00			2,500.00	5,000.00	2,500.00	3,500.00	2,500.00	3,500.00	3,000.00	4,000.00	2,000.00	2,000.00	1,000.00	1,500.00	100.00	/50.00	200.00	RELAINAGE	

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253	252	251	249 312316.26 250	-	-	-		0.0000		242	241	240	239	000	200	230	235	234	004	202	1.57	230	677	877	DIV. #46		225	224	Div. #43		221	Div. #41	219	218	217	216	215	214	212	211	210	209	208	207	206	205	204	203	202	201	NO		CONTINUATION SHEET
			5 ROCK EXCAVATION DUILY AND THEIRINES					Ü	hit Dricon	Freight	Anchor Boits		Stort I by Ourper Training	Submorphic Mixers	Submonible Mixon	Stort Ho & Owner Training	Internal Recycle Fullip		Start I.b. & Owner Training	Sludge Storage Mixing Systems	Cludge Storage Mixing Systems	Designet Inspection and Coordination	Chert Lip & Owner Training	Chemical Phoenhomic Demoval Equipment	Water and Wastewater Equipment	start-up & Owner Training	Sludge Loading Pump	Sludge Loading Pump	Process Gas and Liquid Handling, Purification, and Storage	Davit Crane	Davit Crane	Material Processing and Handling Equipment	Process Valves	Process Valves	Sludge Storage Tank Str. 25000	Process Valves	Process Valves	Sludge Pump Building Str. 23000	Process Valves	Drocess Valves	Valves	Valves	Portable Operator	Start-Up & Uwner Training	Slide Gate	Slide Gate	Start-Up & Owner Training	Sluice Gate	Sluice Gate	Diversion Structure	DESCRIPTION		N SHEET
					20 LOT & X 20 LOT 77					Ayicili	IVI AVIETTI Xvlem				M Xvlem	Xvlem	I G A Bich & Sons Inc		Evonia		M Evoqua	Derterson and Matz		_	M Drydon	INI DOGIĜGI	_		Equi	L Williams Brothers Const. Inc.	M Xylem		M G.A Rich & Sons, Inc	L G.A Rich & Sons, Inc			L G.A Rich & Sons, Inc		M G.A Rich & Sons, Inc	I G.A Rich & Sons. Inc	L G.A RIGI & SOIIS, IIIC					M RW Gate		L Williams Brothers Const. Inc.	M RW Gate		SUBCONTRACTOR	SUPPLIER/	
				4 800 00	3 600 00	1 000 00	1 400 00	38 500 00			6 029 00	1 538 46	2.840.00	3.000.00	84.876.34	2.139.00	2.800.00	34 794 89	6.200.00	4,000.00	55,800.00	30.000.00	1.000.00	7.000.00	64.500.00		2,200.00	00,790,00	98 705 00	7,320.00	15,/82.31	1	111,000.00	38,000.00		70,000.00	39,000.00		10,300.00	13,500.00	11,000.00	11 000 001	206 502 54	4 400 00	3,300.00		10 000 00	3,500.00	18,300.00			SCHEDULED	AF
				0.00	3 600 00	0.00	0.00	0.00			0.00	1 538 46	0.00	0.00	78.391.54	0.00	0.00	34 794 89	0.00	0.00	55,800.00	30,000.00	0.00	0.00	64.500.00		0.00	00,790,00	86 795 00	0.00	15,/82.31	1	80,000.00	3,800.00		56,000.00	3,900.00		0.00	0.00	0,000.00	6 600 00	195 502 54	4 400 00	0.00	10,000.00	10 000 00	0.00	18,300.00			K CO	APPL. DATE: Ju
				4.400.00																						1	2,200.00	2 200 00								7,000.00					.,	1 100 00			0,000.00	3 200 00		3,500.00	200		ЮÐ)23
																																																				MATERIALS T	
				4,400.00	3.600.00	0.00	0.00	0.00			0.00	1,538.46	0.00	0.00	78,391.54	0.00	0.00	34,794.89	0.00	0.00	55,800.00	30,000.00	0.00	0.00	64,500.00		2.000.00	00,000 0	86.795.00	0.00	10,702.01	15 700 21	80,000.00	3,800.00		63,000.00	3,900.00		0.00	0.00		7.700.00	195,502.54	4.400.00	0.00	3 500 00	18 080 00	3,300.00	10,300.00	10 200 00		TOTAL COMPL	õ
				92%	1		0%	0%			0%	100%	0%	0%	92%	0%	0%	100%	0%			100%	%0	%0	100%	_	100%	100%	100%	0.2	002	100%	1 270	10%		%06	10%		%0	%0		70%	95%	100%	.0%	100%	100%	100%	100%	100%	Complete		
				400.00	0.00	1,000.00	1,400.00	38,500.00			6,029.00	0.00	2,840.00	3,000.00	6,484.80	2,139.00	2,800.00	0.00	6,200.00	4,000.00	0.00	0.00	1,000.00	7,000.00	0.00		0.00	0.00	0.00	1,020.00	1 300.00	0 00	31,000.00	34,200.00	00000	7,000.00	35,100.00		10,300.00	13,500.00		3,300.00	11,000.00	0.00	840.00	0.00	0.00	840 00	0.00	0.00	FO FINISH	BALANCE	
				440.00	360.00	0.00	0.00	0.00			0.00	153.85	0.00	0.00	7,839.15	0.00	0.00	3,479.49	0.00	0.00	5,580.00	3,000.00	0.00	0.00	6,450.00		200.00	220 00	8,679.50	0.00	0.00	1 578 23	0,000.00	380.00	200	6,300.00	390.00		0.00	0.00		770.00	19,550.25	440.00	0.00	350.00	1.808.00	00.00	350.00	1 830 00		RETAINAGE	

Page 5

264	263	262	261	260	259	258	257	256	255		
										NO	CONTINU
								CO #1	Change Orders	DESCRIPTION	CONTINUATION SHEET
TOTAL REVISED CONTRACT AMO	Total Change Orders		COR 05	COR 04	COR 03R1	COR 03	COR 02	COR 01		SUPPLIER	
Md 4,949,558.00	19,558.00		(2,109.00)	13,013.00	19,450.00	2,460.00	(6,098.00)	(7,158.00)	Í.	VALUE	<u>i</u>
3,183,116.66	(218.00)				4,480.00	2,460.00		(7,158.00)		PREV APPL	Application No. APPL. DATE:
390,451.80	4,806.00		(2,109.00)	13,013.00			(6,098.00)			PL THIS PERIOD STORED	13 June 30, 2023
0.00	0.00										2
3,573,568.45	4,588.00		(2,109.00)	13,013.00	4,480.00	2,460.00	(6,098.00)	(/,158.00)	11 10 00	& STORED Compl	ARCHITECT'S PROJECT NO.:
5.95	5.23	1	100%	100%	23%	100%	100%	%00T	1000	Complete	JECT NO.:
1,375,989.55			0.00	0.00	14,970.00	0.00	0.00	0.00	0.00		PATANA
300,910.64	458.80	0.00	(210.90)	1,301.30	448.00	246.00	(609.80)	(15.80)	1715 00		DETANASE

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202	291	290	289	288	287	286	285	284	283	282	281	280	279	278	277	276	275	274	273	272	271	270	269	268	267	266	265	NO NO	CONTIN
Totale																										Summary by Subcontract		DESCRIPTION	CONTINUATION SHEET
	Williams Brothers Construction	Zendaver Signs	Xylem Water Solutions	RW Gate Company	RP Coatings	G.A. Rich & Sons, Inc.	Pleasant Mount Welding, Inc	Plas-Tanks Industries Inc.	Peterson & Matz, Inc	Ozinga Bros, Inc/Narvick	Mona Composite	Mid-State Steel Co, Inc	Metropolitan Pump Co.	LAI, Ltd.	Harris Rebar	Golden Railing	Glander Paving Co.	Evoqua Water Technologies	Energenecs	Ellitott Electric, Inc	Drydon Equipment Inc.	Concentric Integration	Concord Excavating	Cady Aquastore	Boerger LLC			SUBCONTRACTOR	
4.949.558.00	1,339,781.99	811.27	148,000.00	93,090.00	42,860.00	966,800.00	11,930.00	45,067.00	30,000.00	51,879.75	15,460.00	28,380.00	378,263.00	206,502.54	52,387.45	9,750.00	50,000.00	62,000.00	61,300.00	301,400.00	65,500.00	273,600.00	171,000.00	455,000.00	88,795.00			VALUE	
3.183.116.66	1,000,132.03	684.95	130,507.20	80	15				30,000.00			21,996.73		195	52,387.45	9,750.00		55,800.00	47,445.50	179,200.00	64,500.00	51,643.25	131,130.00	0.00	86,795.00			PREV APPL	Application No. APPL. DATE:
390,451.80	3 109,078.84	0.00	0.00	0.00		158,13			0.00	7,748.70	0.00	6,383.26	0.00		0.00	0.00	0.00		0.00	30,460.00			8,700.00	67,950.00	2,000.00			THIS PERIOD	13 June 30, 2023
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			STORED	MAXTERIATO
3,573,568.45	1,109,210.87	684.95	130,507.20	80,250.00	15,600.00	/26,2/3.00	8,653.00	45,067.00	30,000.00	41,305.70	1,110.00	28,379.99	373,263.00	195,502.54	52,387.45	9,750.00	0.00	55,800.00	47,445.50	209,660.00	64,500.00	51,643.25	139,830.00	67,950.00	88,795.00	000		& STORED	ARCHITECT'S PROJECT NO.:
5 72.20%	7 83%		0 88%				Γ					1																Complete	OJECT NO.:
1,375,989.55	230,571.12	126.32	17,492.80	12,840.00	27,260.00	240,527.00	3,277.00	0.00	0.00	10,574.05	14,350.00	0.01	5,000.00	11,000.00	0.00	0.00	50,000.00	6,200.00	13,854.50	91,/40.00	1,000.00	221,956.75	31,170.00	387,050.00	0.00	000			RATANCE
300,910.64	56,674.56		13,0	8,025.00	1,000.00	12,021.30	70 607 00	4,506.70	3,000.00	4,130.57	111.00	638.33	37,326.30	19,550.25	5,238.75	975.00	0.00	5,580.00	4,744.55	20,966.00	6,450.00	5,164.33	13,983.00	6,795.00	06.678	0 0 70 70			REFAMAGE

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Crest Hill WWTP		Page 1		
Partial WAIVER OF LIEN		Ą	pplication No.	13
STATE OF ILLINOIS} } ss. PEORIA COUNTY }		Jur	ie 30, 2023	
TO ALL WHOM IT MAY CONC	ERN:			
WHEREAS, we the undersigne	d, WILLIAMS BROTHERS	CONSTRUCTION INC. hav	ve been employe	ed by
City of Crest Hill to furnish labor	r and/or material for the bui	lding known as:		
East Water Reclam	ation Facility Phosphorus F	Removal Upgrades		
Situated on Lot:	2250 North Broadway S Crest Hill, IL 60403	Street		
in the City of Crest Hill, County				Three Hundred Nintey Thousand
NOW, THEREFORE, KNOW Two Hundred Thrity Three and T and other good and valuable co waive and release any and all li under "An Act to Revise the Law together with all amendments the both, furnished by the undersign for said building through GIVEN under our hands and s Subscribed and sworn to before Notary Public "OFFICI	79/100 nsiderations, the receipt wh ien or claim or right of lien of v in Relation to Mechanic's hereto and all the lien laws of hed to or on account of the July 31, 2023 ealed this day and year firs a me this date	hereof is hereby acknowledg on said above described built Liens," approved May 18, 19 of the State of Illinois on acc said City of Crest Hill t above written. WILLIAMS BROTHERS C By:	ding and premis 903, in force Jul count of labor or	9 Dollars, by ses y 1, 1903 · materials, or
🖇 Notary Public,	NE M. SMITH State of Illinois Expires 12-22-2023			



Strand Associates, Inc. 1170 South Houbolt Road Joliet, IL 60431 (815) 744-4200

Invoice

Blaine Kline City of Crest Hill 2090 Oakland Avenue Crest Hill, IL 60403
 August 11, 2023

 Project No:
 3894.038

 Invoice No:
 0200794

Project: 3894.038

East STP P Improvements Contract

Administration

Description of Work: Ongoing Shop Drawing Review, Project Coordination, Reviewing Pay Apps, Disbursement Requests, Responding to RFI's, and Performing Construction Observation **Professional Services from July 1, 2023 through July 31, 2023**

			Total Earned Previous Fee Bil Current Fee Billin	-	154,675.00 147,840.00 6,835.00	
				Total this	Project	\$6,835.00
Contract Amou	nt	204,500.00				
Total Billings to	Date	154,675.00				
— — — — — — — — — — —	_ 	– – – – – – – East ST	P P Improvements			
Professional Pe	reenal		·			
ENGINEER	rsonner		<u>Hours</u>	Rate	<u>Amount</u>	
			2.50	144.81	362.03	
TECHNICIA	N		5.25	119.65	628.16	
			29.50	165.65	4,886.68	
			12.00	59.11	709.32	
ADMINISTR	ATIVE		1.00	440.05	440.05	
			1.00	113.95	113.95	
	Total Labor		50.25		6,700.14	6,700.14

Project	3894.038	East STP P Improveme	nts Contract In	voice	0200794
Expense	es				
Milea			1,	45.15	
	Computer		1	77.23	
	Total E	xpenses	Total this Project		322.38 \$7,022.52
Contrac	t Amount	158,400.00			
Total Bil	lings to Date	82,885.53			
			Total this Invoice		\$13,857.52

Expenses Posted in Period from 7/1/2023 to 7/31/2023

STRAND ASSOCIATES, INC.

Date: 08/11/2023

Expens	es Posted in P	eriod from 7/1	/2023 1	:0 7/31/	2023	ST	RAND AS	SOCIA	ATES, IN	IC.	Date: (08/11/2023 _{උ ෙ}
Project	Client	Project Name	Date	# miles	949 Mile Amt	Trvl Meals Amount	Bus Meals & Ent	Oth Code	Other Amt		Business Reason & Description	eReceipt Totals
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/05/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/06/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/07/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/10/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/11/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/12/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/14/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/18/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/19/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/21/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/25/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/27/23	15.00 S	\$10.73					travel		\$10.73
3894.040	Crest Hill, City of (IL) Ea	st STP P Improvements	07/31/23	15.00 S	\$10.73					travel		\$10.73
			Totals:	195.00	\$139.43	\$0.00	\$0.00		\$0.00			\$139.43

Expenses Posted in Period from 7/1/2023 to 7/31/2023

STRAND ASSOCIATES, INC.

Date: 08/11/2023

Expens	ses Posted i	n Period from 7/1	1/2023	to 7/31/	2023	SI	RAND AS	SOCI	ATES, IN	IC. Date: 08/11/2023	Co	еF
Project	Client	Project Name	Date	# miles	949 Mile Amt	Trvl Meals Amount	Bus Meals & Ent	Oth Code	Other Amt	Business Reason & Description Tota	rrection als	Receipt
3894.040	Crest Hill, City of (I	L) East STP P Improvements	07/06/23	3 8.00 S	\$5.72					RPR Coverage Crest Hill East STP - Crest Hill East to Joliet Of \$	\$5.72	
			Totals:	8.00	\$5.72	\$0.00	\$0.00		\$0.00		\$5.72	

Computer Billing from 7/1/2023 to 7/31/2023

Sorted by Office, by Employee with Project Detail.

Billable Jobs

Projects: 3894.040

Total Billings

JOLIET Office		
6007	Kreitz, Thad	
	3894040	\$106.64
6007	Billing Totals for Kreitz, Thad	\$106.64
7236	Gattone, Dominic	
	3894040	\$13.55
7236	Billing Totals for Gattone, Dominic	\$13.55
7254	Meilinger, Adria	
	3894040	\$4.40
7254	Billing Totals for Meilinger, Adria	\$4.40
7641	Messina, Francesco	* •••••
7044	3894040	\$2.64
7641 7668	Billing Totals for Messina, Francesc	\$2.64
7000	Willis, Arthur 3894040	\$39.60
7668	Billing Totals for Willis, Arthur	\$39.60
JOLIET Billing Total	5	\$166.83
LEXINGTON Office		
2385	Willey, Cindy	
	3894040	\$2.29
2385	Billing Totals for Willey, Cindy	\$2.29
LEXINGTON Billing	Fotals	\$2.29
MADISON Office		
7297	Laufenberg, Trisha	
	3894040	\$8.10
7297	Billing Totals for Laufenberg, Trisha	\$8.10
MADISON Billing Tot	tals	\$8.10
Total Billings for this		\$177.22
		Ψ····

Illinois Works Apprenticeship Initiative Periodic Grantee Report

Organization Name	City of Crest Hill	FEIN Number	36-6009518	DUNS Number	052332905
Grant Awarding Agency	IEPA WPCLP	Project Start Date	5/30/22	Project End Date	12/29/23
Grant Number	L17-5735	Estimated Total Project Costs	\$5,910,700	Estimated Total State Contribution	\$5,910,700
Reporting I	Period: Period Start Date 6/	26/23	Period End Date 7/30/23		
Applicable	Apprenticeship Goal (S	elect all that app	oly):		
🖌 10% total p	roject cost 🛛 10% total state	e contribution only			
🗌 Waiver App	proved by IL DCEO IL DCEO	O Waiver Approval Date	e		
(If a waiver wa	s granted for any prevailing wag	e classification, the Gra	antee does not need to report on the	ose classifications on	this form.)
Reduction	Approved by IL DCEO IL DCE	O Reduction Approval [Date		
(If selected, en	ter the applicable prevailing wa	ge classification(s) and	approved reduced percentage(s).)		
Prevailing	Wage Classification	Reduced Percentag	e Prevailing Wage (Classification	Reduced Percentage

Illinois Works Apprenticeship Initiative Periodic Grantee Report

Please provide information in this chart for the entire project if the apprenticeship goal applies to the entire project. Provide information for only thestate contribution if the apprenticeship goal applies only to state appropriated capital funds.

Prevailing Wage Classification	Total Hours for Classification in Reporting Period	Total Apprentice- ship Hours for Classification in Reporting Period	% of Apprentice -ship Hours	Total Hours for Classification YTD	Total Apprentice -ship Hours YTD	% of Apprentice- ship Hours YTD	If no apprenticeship hours recorded, explain.
Operators	248.5	0	0	685	152	22.18	None available
Laborers	190	0	0	719	0	0	None available
Electricians	28	2	7.14	1111	275	24.75	
Pipe Fitters	0	0	0	317.5	0	0	No work this month
Carpenter	141	19	13.47	514	19	3.69	
Finisher	8	0	0	94.5	0	0	Only one employee working in trade
Painter	39	0	0	129	0	0	Not enough work to add another
Iron Worker	0	0	0	0	0	0	No work this month
Plumber	421	152.5	36.22	830	324.5	37.73	
Teamster	5	0	0	46	0	0	Only one employee working in trade
Tester	0	0	0	49	0	0	No work this month
Boilermaker	71.5	0	0	71.5	0	0	Not enough work to add another

Illinois Works Apprenticeship Initiative Periodic Grantee Report

Please provide information in this chart for the entire project if the apprenticeship goal applies to the entire project. Provide information for only thestate contribution if the apprenticeship goal applies only to state appropriated capital funds.

Prevailing Wage Classification	Total Hours for Classification in Reporting Period	Total Apprentice- ship Hours for Classification in Reporting Period	% of Apprentice -ship Hours	Total Hours for Classification YTD	Total Apprentice -ship Hours YTD	% of Apprentice- ship Hours YTD	If no apprenticeship hours recorded, explain.
Steamfitter	180	0	0	180	0	0	Not enough work to add another
						<u></u>	

Organization Certification and State Agency Acknowledgement

1. Organization Certification:

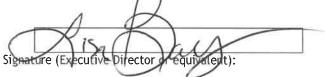
By signing this form, I certify to the best of my knowledge and belief that the form is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

City of Crest Hill, Illinois

Institution/Organization Name:

Lisa Banovetz

Printed Name (Executive Director or equivalent):



2. State Agency Acknowledgement:

State Agency

Printed Name

Title (Executive Director or equivalent):

Finance Director

8/31/2023

Date/Time Field

Title

1		

Date/Time Field

Signature:

Project: Crest Hill

Amounts requested on our Application No.

11

	Scheduled	Previously		net amount					Total waivers	additional	Waiver	_
Vendor	Value	Compl to date	retention	earned	w/Appl#9	w/Appl # 10	w/Appl # 11	w/Appl # 12	submitted	waiver due	attached	note
Boerger LLC	88,795.00	86,795.00	8,679.50	78,115.50	78,115.50				78,115.50	0.00		
Cady Aquastore	455,000.00	0.00	0.00	0.00					0.00	0.00		
Concord Excavating	171,000.00	90,380.00	9,038.00	81,342.00	12,150.00	21,555.00			81,342.00	0.00		
Concentric Integration	273,600.00	51,643.25	5,164.33	46,478.93	5,028.75	1,536.75			22,003.87	24,475.06	24,475.05	
Drydon Equipment Inc.	65,500.00	64,500.00	6,450.00	58,050.00	58,050.00				58,050.00	0.00		
Ellitott Electric, Inc	301,400.00	125,000.00	12,500.00	112,500.00	5,400.00		1,800.00	23,400.00	40,275.00	72,225.00	72,225.00	
Energenecs	61,300.00	47,445.50	4,744.55	42,700.95			42,701.40		42,701.40	(0.45)		
Evoqua Water Technologies	62,000.00	55,800.00	5,580.00	50,220.00	58,900.00				58,900.00	(8,680.00)		
Glander Paving Co.	50,000.00	0.00	0.00	0.00					0.00	0.00		
Golden Railing	9,750.00	9,750.00	975.00	8,775.00					8,775.00	0.00		
Harris Rebar	52,387.45	41,005.80	4,100.58	36,905.22					39,042.90	(2,137.68)	1,962.90	
LAI, Ltd.	206,502.54	189,302.54	18,930.25	170,372.29	98,100.00	70,920.00			170,372.29	(0.00)		
Metropolitan Pump Co.	378,263.00	373,263.00	37,326.30	335,936.70					0.00	335,936.70	335,936.70	
Mid-State Steel Co, Inc	28,380.00	21,996.73	2,199.67	19,797.06		16,000.00			32,620.00	(12,822.94)		
Mona Composite	15,460.00	1,110.00	111.00	999.00					999.00	0.00		
Ozinga Bros, Inc/Narvick	51,879.75	31,602.00	3,160.20	28,441.80	25,799.75		4,099.50		29,899.25	(1,457.45)	3,203.50	
Peterson & Matz, Inc	30,000.00	15,000.00	1,500.00	13,500.00		13,500.00			13,500.00	0.00		
Plas-Tanks Industries Inc.	45,067.00	45,067.00	4,506.70	40,560.30				40,560.30	40,560.30	0.00		
Pleasant Mount Welding, Inc	11,930.00	8,653.00	865.30	7,787.70					7,787.70	0.00		
G.A. Rich & Sons, Inc.	966,800.00	568,142.00	56,814.20	511,327.80	15,229.80	58,323.60	83,826.00	54,495.00	475,553.70	35,774.10	35,774.10	
RP Coatings	42,860.00	0.00	0.00	0.00					0.00	0.00		
RW Gate Company	93,090.00	80,250.00	8,025.00	72,225.00	62,127.00	10,098.00	10,098.00		82,323.00	(10,098.00)		
Xylem Water Solutions	148,000.00	130,507.20	13,050.72	117,456.48	117,456.48				117,456.48	0.00		
Zendaver Signs	811.27	684.95	68.50	616.46	684.95				684.95	(68.50)		

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3192553

State of	Illnois)
County of	McHenny)ss)

TO ALL WHOM IT MAY CONCERN:

1.1

WHEREAS, the undersigned, Concentric Integration has been employed by Williams Brothers Construction Inc to furnish labor and/or materials including all extra work (including both oral or written change orders), according to plans and specifications, as may have been amended orally or in writing, for the premises and project known as: Crst Hill Est WRF Phs Remvl Upg

Located at Crest Hill, AIL , County of Will and State of Illinois (the "Project") of which City of Crest Hill is the owner.

NOW THEREFORE, THE UNDERSIGNED, who represents that he/she is authorized to give and execute this Partial Waiver of Mechanics Lien and Payment Bond Claim for and in consideration of *24* thousand *475* dollars and 05 cents \$24,475.05

and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release:

(a) any and all lien or claim or right of lien under the Statutes of the State of Illinois relating to Liens Against Public Funds on the monies, bonds or warrants due or about to become due from the owner on account of labor or services, material, fixtures, apparatus, equipment or machinery heretofore furnished by the undersigned for the above described premises; and

(b) any and all claims or rights under any payment bond furnished by Williams Brothers Construction Inc. covering said project or under the Illinois Public Construction Bond Act, as now or hereafter amended, to the extent said Act is applicable.

This Release shall apply only to the extent of consideration paid as recited above and not for any other dollar amount.

Given under our hand and seal this 12^{++} day of 10^{-++}

Concentric Integration By: Title

State of Illinois County of MCHarry

Subscribed and sworn to before me this _ 12th day

2023

OFFICIAL BEAL CHRISTINE SABATKA NOTARY PUBLIC, STATE OF ILLINOIS MCHENRY COUNTY MY COMMISSION EXPIRES 04/13/2025

Notary Public

		R OF LIEN TO DATE			
STATE OF ILLINOIS COUNTY OF GRUNDY	SS		Gty #		
TO WHOM IT MAY CONCERN:	J		Freedow		
WHEREAS the undersigned has b			Escrow #		
to furnish		VILLIAMS BROTHERS			
for the premises known as	The second se	CREST HILL WRF			
of which	The second s	CITY OF CREST HILL	Net of the second s		2
THE undersigned, for and in consid	and the second		F D H		is the owner.
(\$ 72,225.00) Dollar do(es) hereby waive and release a relating to mechanics' liens, with r the material, fixtures, apparatus or due from the owner, on account of undersigned for the above-describ	respect to and on said all respect to and on said al r machinery furnished, an f all labor services mater	T, or right to, lien, under the stati bove-described premises, and the id on the moneys, funds or othe ial fixtures apparatus or machi- ial fixtures.	utes of the State he improvements	of ILLINOIS, thereon, and on	j,
DATE July 19, 2023					
	ADDRESS ,	PO BOX 245 COAL CITY, IL	. 60416		
	1		President		
SIGNATURE AND TITLE * Extras include but are not limited		Mannux / Vulis -	pre siaem		
Extrac mondae bat are not innited			Section and the section of the		
STATE OF ILLINOIS	CONTRAC	CTOR'S AFFIDAVIT			
COUNTY OF GRUNDY	SS				
TO WHOM IT MAY CONCERN:					
	NDSAY MILLS				
	ESIDENT			being duly s	sworn, deposes
	LOTT ELECTRIC INC		and the second second	ine en e	
	ECTRIC	a contraction of the second	the second second	and the second second	who is the
				work	on the building
located at				work	on the building
located at CIT	Y OF CREST HILL			worl	on the building
owned by CIT		315 310 00	on which he ha		
Owned by CIT That the total amount of the contract 40,275.00	ct including extras* is \$ o this payment.			as received paym	ent of
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Owned by CIT That the total amount of the contract \$ 40,275.00 prior to That all waivers are true, correct ar validity of said waivers. That the for work and all parties having contract and the amount due or to become according to plans and specification NAMES AND ADDRESSES ELLIOTT ELECTRIC INC	ct including extras* is \$ o this payment. nd genuine and delivered oblowing are the names an sts or sub contracts for sp due to each, and that the ns: WHAT FOR MATERIAL LABOR LABOR LABOR MATERIAL LABOR ABOR ABOR ATERIAL ABOR ATERIAL ABOR ABOR ATERIAL ABOR ABOR ATERIAL ABOR ABOR ABOR ABOR ABOR ABOR ABOR ABOR	I unconditionally and that there is and addresses of all parties who becific portions of said work or for items mentioned include all lab CONTRACT PRICE INCLUDING EXTRAS* 15,000.00 2,500.00 22,000.00 500.00 10,000.00 1,000.00 315,310.00 at there is nothing due or to become	s no claim either have furnished m or material enterin or and material m AMOUNT PAID 7,200.00 450.00 0.00 0.00 0.00 0.00 0.00 0.	as received paym legal or equitable aterial or labor, o g into the constru- equired to comple THIS PAYMENT 1,800.00 1,800.00 0.00 0.00 4,050.00 2,250.00 0.00	ent of to defeat the r both, for said iction thereof ite said work BALANCE DUE 6,000,00 22,000,00 22,000,00 3,950,00 6,750,00 1,000,00 202,810,00
Owned by CIT That the total amount of the contract 40,275.00 prior to That all waivers are true, correct ar validity of said waivers. That the forwork and all parties having contract and the amount due or to become according to plans and specification NAMES AND ADDRESSES ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC ELLIOTT ELECTRIC INC Fluit there are no other contracts for sai any kind done upon or in connection with Standard Stand	ct including extras* is \$ o this payment. nd genuine and delivered oblowing are the names an sts or sub contracts for sp due to each, and that the ns: WHAT FOR MATERIAL LABOR LABOR LABOR MATERIAL LABOR ABOR ABOR ATERIAL ABOR ATERIAL ABOR ABOR ATERIAL ABOR ABOR ATERIAL ABOR ABOR ABOR ABOR ABOR ABOR ABOR ABOR	I unconditionally and that there is and addresses of all parties who becific portions of said work or for items mentioned include all lab CONTRACT PRICE INCLUDING EXTRAS* 15,000.00 2,500.00 22,000.00 500.00 10,000.00 1,000.00 315,310.00 at there is nothing due or to become	s no claim either have furnished m or material enterin or and material m AMOUNT PAID 7,200.00 450.00 0.00 0.00 0.00 0.00 0.00 0.	as received paym legal or equitable aterial or labor, o g into the constru- equired to comple THIS PAYMENT 1,800.00 1,800.00 0.00 0.00 4,050.00 2,250.00 0.00	ent of to defeat the r both, for said iction thereof ite said work BALANCE DUE 6,000.00 22,000.00 500.00 3,950.00 6,750.00 1,000.00 202,810.00
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3179553

State of)
) SS
County of)

TO ALL WHOM IT MAY CONCERN:

has been employed by Williams WHEREAS, the undersigned, Metropolitan Pump Co. Brothers Construction Inc to furnish labor and/or materials including all extra work (including both oral or written change orders), according to plans and specifications, as may have been amended orally or in writing, for the premises and project known as:

Crst Hill Est WRF Phs Remvl Upg

and State of Illinois (the "Project") of Located at Crest Hill, IL , County of Will is the owner. which City of Crest Hill

NOW THEREFORE, THE UNDERSIGNED, who represents that he/she is authorized to give and execute this Partial Waiver of Mechanics Lien and Payment Bond Claim for and in consideration of *335* thousand *936* dollars and 70 cents \$335,936.70

and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release:

(a) any and all lien or claim or right of lien under the Statutes of the State of Illinois relating to Liens Against Public Funds on the monies, bonds or warrants due or about to become due from the owner on account of labor or services, material, fixtures, apparatus, equipment or machinery heretofore furnished by the undersigned for the above described premises; and

(b) any and all claims or rights under any payment bond furnished by Williams Brothers Construction Inc. covering said project or under the Illinois Public Construction Bond Act, as now or hereafter amended, to the extent said Act is applicable.

This Release shall apply only to the extent of consideration paid as recited above and not for any other dollar amount.

Given	under	our	hand	and	seal	this	12th	day	of	Jul	4	 20	23	
											0			

Metropolitan	Pump	Co.	
By: Min	9	2	lt.

Title:

State of <u>lllindis</u> County of <u>Will</u>

Subscribed and sworn to before me this 12th day of July 2023





State of Illihois County of Grundy

TO ALL WHOM IT MAY CONCERN:

WHEREAS, the undersigned, Narvick Brothers Red-Mix has been employed by Williams Brothers Construction Inc to furnish labor and/or materials including all extra work (including both oral or written change orders), according to plans and specifications, as may have been amended orally or in writing, for the premises and project known as:

Crst Hill Est WRF Phs Remvl Upg

Located at Crest Hill, IL , County of Will and State of Illinois (the "Project") of which City of Crest Hill is the owner.

NOW THEREFORE, THE UNDERSIGNED, who represents that he/she is authorized to give and execute this Partial Waiver of Mechanics Lien and Payment Bond Claim for and in consideration of *1* thousand *943* dollars and 50 cents \$1,943.50

and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release:

(a) any and all lien or claim or right of lien under the Statutes of the State of Illinois relating to Liens Against Public Funds on the monies, bonds or warrants due or about to become due from the owner on account of labor or services, material, fixtures, apparatus, equipment or machinery heretofore furnished by the undersigned for the above described premises; and

(b) any and all claims or rights under any payment bond furnished by Williams Brothers Construction Inc. covering said project or under the Illinois Public Construction Bond Act, as now or hereafter amended, to the extent said Act is applicable.

This Release shall apply only to the extent of consideration paid as recited above and not for any other dollar amount.

							10	th			- 1		22
Given	under	our	hand	and	seal	this	IA	5	day	of	July	<u> </u>	20 <u>2</u> 2.
											(

Narvick Brothers Red-Mix

By: <u>Alexie Vand</u> Title: <u>T-R</u>

State of <u>IIIINDIS</u> County of <u>Grundy</u>

Subscribed and sworn to before me this	12th day of July, 2023
Amper mishel	ţ (,
Notary Public	



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State of Illinois County of Grundy

TO ALL WHOM IT MAY CONCERN:

WHEREAS, the undersigned, Narvick Brothers Red-Mix has been employed by Williams Brothers Construction Inc to furnish labor and/or materials including all extra work (including both oral or written change orders), according to plans and specifications, as may have been amended orally or in writing, for the premises and project known as: Crst Hill Est WRF Phs Remvl Upg

Located at Crest Hill, IL , County of Will and State of Illinois (the "Project") of which City of Crest Hill is the owner.

NOW THEREFORE, THE UNDERSIGNED, who represents that he/she is authorized to give and execute this Partial Waiver of Mechanics Lien and Payment Bond Claim for and in consideration of *1* thousand *260* dollars and no cents \$1,260.00

and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release:

(a) any and all lien or claim or right of lien under the Statutes of the State of Illinois relating to Liens Against Public Funds on the monies, bonds or warrants due or about to become due from the owner on account of labor or services, material, fixtures, apparatus, equipment or machinery heretofore furnished by the undersigned for the above described premises; and

(b) any and all claims or rights under any payment bond furnished by Williams Brothers Construction Inc. covering said project or under the Illinois Public Construction Bond Act, as now or hereafter amended, to the extent said Act is applicable.

This Release shall apply only to the extent of consideration paid as recited above and not for any other dollar amount.

		2					10th				22
Given	under	our	hand	and	seal	this	13th	day of	July	,	2023

Narvick Brothers Red-Mix

uniospenne

State of Illindis County of Grundy

Subscribed and sworn to before me this 13th day of July, 2023.





2

3168553

State	of	INDIANA)
) SS
County	/ of	DEKALB)

TO ALL WHOM IT MAY CONCERN:

WHEREAS, the undersigned, NUCOR Harris Rebar MidwestLLLC has been employed by Williams Brothers Construction Inc to furnish labor and/or materials including all extra work (including both oral or written change orders), according to plans and specifications, as may have been amended orally or in writing, for the premises and project known as: Crst Hill Est WRF Phs Remvl Upg

Located at Crest Hill, IL , County of Will and State of Illinois (the "Project") of which City of Crest Hill is the owner.

NOW THEREFORE, THE UNDERSIGNED, who represents that he/she is authorized to give and execute this Partial Waiver of Mechanics Lien and Payment Bond Claim for and in consideration of *1* thousand *962* dollars and 90 cents \$1,962.90

and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release:

(a) any and all lien or claim or right of lien under the Statutes of the State of Illinois relating to Liens Against Public Funds on the monies, bonds or warrants due or about to become due from the owner on account of labor or services, material, fixtures, apparatus, equipment or machinery heretofore furnished by the undersigned for the above described premises; and

(b) any and all claims or rights under any payment bond furnished by Williams Brothers Construction Inc. covering said project or under the Illinois Public Construction Bond Act, as now or hereafter amended, to the extent said Act is applicable.

This Release shall apply only to the extent of consideration paid as recited above and not for any other dollar amount.

Given under our hand and seal this 20th day of July , 2023.

Waiver provided is for receipt of payment only, excluding any unpaid retention, pending change orders, or open accounts receivable balances.

NUCOR	Harris	Rebar	Midv	vest LLC		
By:	Taya	A. Myer dit/Contra	S	<u>}</u>	-	

State of INDIANA County of DEKALB

Subscribed and sworn to before me this 20th day of July, 2023

Notary Public SEAL WDIAN WDIAN CASEY STAFFORD, Notary Public DeKalb County, State of Indiana Commission Number NP0732274 My Commission Expires March 9, 2029

3166553

State of	Illinois)
) SS
County of	Tazewell)

TO ALL WHOM IT MAY CONCERN:

WHEREAS, the undersigned, G.A. Rich & Sons Inc. has been employed by Williams Brothers Construction Inc to furnish labor and/or materials including all extra work (including both oral or written change orders), according to plans and specifications, as may have been amended orally or in writing, for the premises and project known as:

Crst Hill Est WRF Phs Remvl Upg

Located at Crest Hill, IL , County of Will and State of Illinois (the "Project") of which City of Crest Hill is the owner.

NOW THEREFORE, THE UNDERSIGNED, who represents that he/she is authorized to give and execute this Partial Waiver of Mechanics Lien and Payment Bond Claim for and in consideration of *35* thousand *774* dollars and 10 cents \$35,774.10

and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release:

(a) any and all lien or claim or right of lien under the Statutes of the State of Illinois relating to Liens Against Public Funds on the monies, bonds or warrants due or about to become due from the owner on account of labor or services, material, fixtures, apparatus, equipment or machinery heretofore furnished by the undersigned for the above described premises; and

(b) any and all claims or rights under any payment bond furnished by Williams Brothers Construction Inc. covering said project or under the Illinois Public Construction Bond Act, as now or hereafter amended, to the extent said Act is applicable.

This Release shall apply only to the extent of consideration paid as recited above and not for any other dollar amount.

Given under our hand and seal this <u>14th</u> day of <u>July</u>, 20<u>23</u>.

G.A. Rich & Sons	
By: Damm	+ Slich Stimbon
Title: President	A

State of	Illinois	
County of	Tazewell	0

Subscribed and sworn to before me this ______7/14/23____

Nocary Public

OFFICIAL SEAL JUDY C STECHMAN NOTARY PUBLIC, STATE OF ILLINOIS TAZEWELL COUNTY MY COMMISSION EXPIRES 02/10/2027

A ANTONIC RECEIPTION



al.

Case #: 23-CTP-193643

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM								
Payroll Date	Project Location							
6/22/2023 to 6/28/2023	2250 N BROADWAY ST							
Contractor Number Or FEIN	CREST HILL IL 60403							
370971367								
Project Number or Name	State Capital Funds							
Crest Hill	No							
Agency								
Not a State Agency								
Company Name	Contractor Location							
Williams Brothers Construction	PO BOX 1366							
Contact Name	PEORIA IL 61654							
Jackie M Smith								
Primary Email	Secondary Email							
cp@wbci.us								
Primary Phone	Secondary Phone							
3096880416								
Public Body Name	Public Body Address							
Crest Hill	2250 N BROADWAY ST							
Contact Name	CREST HILL IL 60403							
000								
Primary Phone	Secondary Phone							
	0							

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				pe nyiy tatir	nget e ster References	en sonde viele ge G		ilini bili				
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
cory Jhammerstein	9830	LABORER J	24148 S NAVAJO DR	CHANNAH ON IL 60410	white	NHL	m	No	Yes	Yes	No	8155572759
SERGIO AMARTINEZ	6406	CEMENT MASON J	6214 BLACK HILL RIDGE DR	PLAINFIEL D IL 60586	other	HL	m	No	Yes	Yes	No	8156306310
WILIVALDO PANTOJA	2464	LABORER J	508 FRANCIS ST	JOLIET IL 60432	other	HL	m	No	Yes	No	No	8157194780
e Marine Secondard California de Road of Christian Marine II af and a susception	G-G	ender	V-Vetera	n	J-Jou	meyman		F-For	eman		A-A	pprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

									nin prepiet Recedition	ng orang di Ang digi gene	r Chois Bhalair				n an tha		
Name		Моп	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tin Hrs	Hourly Wage	OT Wage Rate	Dbi Tim Wage	Gross	Net	No Wor k
CORY JHAMME RSTEIN	P	2.00	8.00	5.00	0.00	0.00	0.00	0.00	15.00	0.00	0.0	0 50.40	0.00	0.00	756.00	1363.43	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0.00	0.00	0.00	0.00	0.00	
1	Pen	ision	15.91		Healt	h	17.37		Vacation	0.00		Training	0.91				
SERGIO AMARTI NEZ	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.0	0 53.25	0.00	0.00	426.00	1369.58	
1	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	31.82		Heałt	h	12.39		Vacation	0.00	•	Training	0.89				
WILIVAL DO PANTOJA	Ρ	8.50	0.00	0.00	8.00	0.00	0.00	0.00	16.00	0.50	0.0	0 48.90	71.10	0.00	817.95	1469.56	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	15.91		Healt	h	17.37		Vacation	0.00		Training	0.91	-			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Mallori Upchurch

Aug 02, 2023



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Case #: 23-CTP-193645

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIEI	D TRANSCRIPT OF PAYROLLFORM
Payroll Date	Project Location
6/29/2023 to 7/5/2023	2250 N BROADWAY ST
Contractor Number Or FEIN	CREST HILL IL 60403
370971367	
Project Number or Name	State Capital Funds
Crest Hill	No
Agency	
Not a State Agency	
Company Name	Contractor Location
Williams Brothers Construction	PO BOX 1366
Contact Name	PEORIA IL 61654
Jackie M Smith	
Primary Email	Secondary Email
cp@wbci.us	
Primary Phone	Secondary Phone
3096880416	
Public Body Name	Public Body Address
Crest Hill	2250 N BROADWAY ST
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone

		orta de la constanción Sel Santa Sel Constanción Sel Constanción (Constanción) Sel Constanción (Constanción)							e e e e e e e e e e e e e e e e e e e			ana ¹ an Angelan Angelan Angelan
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	v	J	F	A	PhoneNumber
CORY JHAMMERSTEIN	9830	LABORER J	24148 S NAVAJO DR	CHANNAH ON IL 60410	white	NHL	m	No	Yes	Yes	No	8155572759
	G-G	ender	V-Vetera	n	J-Jour	meyman		F-For	eman		A-Ap	prentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun			Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbi Tim Wage			No Wo k
cory Jhamme Rstein	P	0.00	0.00	8.00	0.00	6.00	0.00	0.00	14.00	0.00	0.00	50.40	0.00	0.00	705.60	859.89	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	m

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Mallori Upchurch

Aug 02, 2023



Case #: 23-CTP-193657

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

Payroll Date	Project Location
7/6/2023 to 7/12/2023	2250 N BROADWAY ST
Contractor Number Or FEIN	CREST HILL IL 60403
370971367	
Project Number or Name	State Capital Funds
Crest Hill	No
Agency	
Not a State Agency	
Company Name	Contractor Location
Williams Brothers Construction	PO BOX 1366
Contact Name	PEORIA IL 61654
Jackie M Smith	
Primary Email	Secondary Email
cp@wbci.us	0
Primary Phone	Secondary Phone
3096880416	
Public Body Name	Public Body Address
Crest Hill	2250 N BROADWAY ST
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
	0

Name	Last455N	Classificati	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
		on										
CORY JHAMMERSTEIN	9830	LABORER J	24148 S NAVAJO DR	CHANNAH ON IL 60410	white	NHL	m	No	Yes	Yes	No	8155572759
WAYNE RUNDSEY	7184	OPR ENG/GR 1	6810 HILLCREST DR	CRYSTAL LAKE IL 60012	white	NHL	m	No	Yes	No	No	8152199359
WILIVALDO PANTOJA	2464	LABORER J	508 FRANCIS ST	JOLIET IL 60432	other	HL	m	No	Yes	No	No	8157194780

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

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Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs		OT Wage Rate	Dbl Tim Wage	Gross	Net	Na Wor k
CORY JHAMME RSTEIN	P	8.00	11.00	4.00	8.00	8.00	0.00	0.00	36.00	3.00	0.00	50.40			2041.20	1566.99	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	ision	15.91		Healt	h	17.37		Vacation	0.00		Training	0.91		<u> </u>		
WAYNE RLINDSE Y	Ρ	0.00	0.00	0.00	0.00	10.00	0.00	0.00	8.00	0.00	2.00	56.60	0.00	113.2 0	679.20	2951.91	
***	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
(1, − 1 , 1, 1, − 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Pen	sion	20.05		Healt	h	22.95		Vacation	2.00		Training	2.70				
WILIVAL DO PANTOJA	Ρ	8.00	8.00	4.00	0.00	8.00	0.00	0.00	28.00	0.00	0.00	48.90	0.00	0.00	1369.20	1303.94	
	NP	0.00	0.00	0.00	0.00	0 .00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	15.91		Healt	h	17.37		Vacation	0.00		Training.	0.91	-			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Mallori Upchurch

Aug 02, 2023



Case #: 23-CTP-193658

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

Payroll Date	Project Location
7/13/2023 to 7/19/2023	2250 N BROADWAY ST
Contractor Number Or FEIN	CREST HILL IL 60403
370971367	
Project Number or Name	State Capital Funds
Crest Hill	No
Agency	
Not a State Agency	
Company Name	Contractor Location
Williams Brothers Construction	PO BOX 1366
Contact Name	PEORIA IL 61654
Jackie M Smith	
Primary Email	Secondary Email
cp@wbci.us	0
Primary Phone	Secondary Phone
3096880416	
Public Body Name	Public Body Address
Crest Hill	2250 N BROADWAY ST
Contact Name	CREST HILL IL 60403
Primary Phone	Secondary Phone
	0

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Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
cory Jhammerstein	9830	LABORER J	24148 S NAVAJO DR	CHANNAH ON IL 60410	white	NHL	m	No	Yes	Yes	No	8155572759
WILIVALDO PANTOJA	2464	LABORER J	508 FRANCIS ST	JOLIET IL 60432	other	HL	m	No	Yes	No	No	8157194780
	G-G	iender	V-Veter	an	, J-Joi	Imeyman	¥	F-For	eman		A-A	pprentice

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N H L- Not Hispanic or Latino

H L- Hispanic or Latino

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Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs		OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
cory Jhamme Rstein	Ρ	8.00	9.00	3.00	8.00	4.00	4.50	0.00	31.00	5.50	0.00	50.40	75.60	0.00	1978.20	1846.85	
	NΡ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	15.91		Healti	1	17.37		Vacation	0.00		Training	0.91	•			.
WILIVAL DO PANTOJA	Ρ	0.00	0.00	0.00	8.00	3.00	0.00	0.00	11.00	0.00	0.00	48.90	0.00	0.00	537.90	1444.09	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
****	Pen	sion	15.91		Healt	ī	17.37		Vacation	0.00		Training	0.91	L			L

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Mallori Upchurch

Aug 02, 2023



Case #: 23-CTP-193665

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Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED	D TRANSCRIPT OF PAYROLLFORM
Payroll Date	Project Location
7/20/2023 to 7/26/2023	2250 N BROADWAY ST
Contractor Number Or FEIN	CREST HILL IL 60403
370971367	
Project Number or Name	State Capital Funds
Crest Hill	No
Agency	
Not a State Agency	
Company Name	Contractor Location
Williams Brothers Construction	PO BOX 1366
Contact Name	PEORIA IL 61654
Jackie M Smith	
Primary Email	Secondary Email
cp@wbci.us	0
Primary Phone	, Secondary Phone
3096880416	
Public Body Name	Public Body Address
Crest Hill	2250 N BROADWAY ST
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
	0

	n de la companya Destatores				VIC SAN Merian							
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
cory Jhammerstein	9830	LABORER J	24148 S NAVAJO DR	CHANNAH ON IL 60410	white	NHL	m	No	Yes	Yes	No	8155572759
WILIVALDO PANTOJA	2464	LABORER J	508 FRANCIS ST	JOLIET IL 60432	other	HL	m	No	Yes	No	No	8157194780
GRAHAM RREMPEL	9202	CARPENTE R J	29 OAKHILL DR	OSWEGO IL 60543	white	NHL	m	No	Yes	No	No	5407182624
(c) and (c)	G-G	iender	V-Vetera	in	J-Jo	meyman	J	F-For	eman		A-A	pprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

an lean an a P	n. Ché				lana li <u>Tana an</u>			- Di Sin Jun Di Antolia Gli Nicola Gli Nicola									
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs		Dub Tim Hrs		Wage	Dbl Tim Wage	Gross	Net	No Wor k
CORY JHAMME RSTEIN	Ρ	3.00	8.00	3.00	0.00	0.00	4.00	0.00	14.00	4.00	0.00	50.40	75.60	0.00	1008.00	181 9 .75	
	NΡ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	15.91		Healt	 h	17.37		Vacation	0.00		Training	0.91			<u>.</u>	
WILIVAL DO PANTOJA	Ρ	0.00	0.00	3.00	0.00	8.00	0.00	0.00	11.00	0.00	0.00	48.90	0.00	0.00	537.90	1492.78	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Pen	sion	15.91		Healt	1	17.37		Vacation	0.00		Training	0.91				
graham Rrempel	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00	0.00	53.51	0.00	0.00	428.08	1399.75	
af 26 jun an fan ar yn deffenn mae'r dynag Mae'r	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
j, 2746, 27 vijemnij, na Vijemnij, mrnj, projek	Pen	sion	29.38		Health	1	12.29		Vacation	0.25		Training	0.81				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Mallori Upchurch

Aug 02, 2023

b LLAGE OF CREST HILL RF PHOSPHORUS REMOVAL SO N BRCIADWAY LEST HILL, IL 60403	E13 160 2.4	Hador Jott Electr XI South Bro J. Box 245 Al City, Il 60	ADWAY			Custome WILLIAM PO BOX PEORIA	45 BROT 1366		NST INC			iber; 22-40 ling: 7/2/2		
ine / Address / Phone	Soc Sec No. Class Mar Exem	06/26	06/27 Tue		urs Wor 06/29 Thu	ked This J 06/30 Fri	07/01 Sat	07/02 Sun	Tot	Pay Rate	Gross Pey This Job All Jobs	- Decha Fed. Fica Med State	tloris Local Other Total	Check #
RRANCE ARTHUR HEINZE JR 3 KATHY DRIVE URBOMNAIS, 11, 60914 15) 693-1925	***.**-3142 LBEW. / 17	R: 0.000 6 General H 0 C: 0.000	2.000 DREMAN	0.000 0.000	0.000 0.000		000.0 000.0	0.000	4.000 0.000	60.320 +45.823FR 0.000 +0.000FR	241.28 2664.24 43hrs	311.99 158.43 36.58 124.89	0.00 161.13 791.02	v4059 1893.22
	Fringe Rate Amount:	APPR 176 1,350 5,40	DECP 17(7.000 28.00) 1	N 176 7.340 69.36	LMCC 176 0,130 0.52	1	176 N 000 2.00	IEBF 176 1,810 7,24	NECA 176 0,303 1,21	NNMC 176 0.130 0.52	4.76	0 4	Total 5.823 83.29
	Deduction	DUES 176 93.95	PAC 176 2.66		V 176 64.50	Tota 161.13								
/IN SEELEY 5 SO. WALKER ST. AIDWCOD, IL 60406 5) 531-7374		R: 0.900 6 APPRENTIC 6 0: 0.000	2.000 55 0.000	0:000 0:000	0.000		0.000 0.000	0.000 0.000	2.000 0.000	41.600 +45.170FR 0.000 +0.000FR	83.20 1758.00 41hrs	301.68 102.62 24.00 81.93	0.00 112.05 623.08	V4067 1144.92
1 44 - 1 1	Fringe Rate Annount	APPR 176 1.350 2.70	DECP 176 7.000 14.00	1	N 176 7.340 34.68	LMCC 176 0.130 0.26	13	176 N 000 5.00	EBF 176 1.250 2.50	NECA 176 0.210 0.42	NNMC 176 0.130 0,26	4,76	0 4!	Total 5.170 10.34
	Deduction Amount	DUES 176 61.80	PAC 176 1.77		V 176 49.20	Total 112.85								
TTHEW J WILKINSON 1 WATERVIEW ORIVE RRIS, IL 60450 5) 712-6425		R: -8,000 6 JOURNEYMA 9 O: 0.000		0.000 0.000	0.000 0.000		0.000 0.000	0.000 0.000	-4.000 0.009	52,000 +45,530FR 0,000 +0,000FR	-208,00 1664.00 32brs	229.89 96.48 22.57 77.03	0.00 107.90 533.87	V4070 1130:13
	Fringe Rate Amount	APPR 176 1.350 -5.40	DECP 176 7.000 -28.00	1	V 176 7.340 69.36	LMCC 176 0.130 -0.52	13	176 N 000 2.00	EBF 176 1.560 -6.24	NECA 176 0.260 -1.04	NNMC 176 0.130 -0.52	SUB 17 4.76 -19.0	0 45	Total 530 12.12
· · · · ·	Deduction Amount	DUES 176 58,24	PAC 176 1.66		v 176 48.00	Total 107.90			·					
CY BRUCE WILKERSON 41 EAST 3200 NORTH ROAD IDICK, 11 60961 5) 530-0405	***		2.000 .6.000	0.000 0.000	0.000 0.000	2.000 0.000	0.000 0.000	0.000 0.000	4,000	56,680 +45.693FR 0,000 +0.000FR	226.72 2522.26 43hrs	34.32	9.00 155.30 870.45	V4071 1651.81
	Fringe Rate Amount	APPR 176 1.350 5.40	DECP 176 7,000 28,00	17	/ 176 /.340 39.36	UMOC 176 10.130 0.52	10CP 13 5		EBF 176 1,700 6,60	NECA 176 0.283 1,13	NNMC 176 0.130 0.52	SUB 17/ 4:76 19:04	45	lotal .693 2.77
	Deduction Amount	DUES 176 88.28	PAC 176 2.52		/ 1.76 54.50	Total 155.30								

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TLLAGE OF CREST HILL	Contractor ELLIOTT ELECTRIC, INC.	Customer	Pege:
VRF PHOSPHORUS REMOVAL 250 N BROADWAY REST HILL, IL 60403	P. O. BOX 245 COAL CITY, IL 60416	WILLIAMS BROTHERS CONST INC PO BOX 1266 PEORIA, 11, 61654	Joh Number: 22-40 Week Ending: 7/2/2023
Courtney Schultz, Office	a Nearth ann an Cealtraichte ann an 19	n an	
uring the payroll period een paid the full weekly h behalf of said ELLIOT ave been made either d eductions as defined in	vise the payment of the pers commencing on 6/26/2023 (wages earned, that no reba T ELECTRIC, INC from the fu irectly or indirectly from the	sons employed by ELLIOTT ELECT and ending 7/2/2023, all persons tes have been or will be made eit ill weekly wages earned by any person, full wages earned by any person, Subtitle A), issued by the Secreta 967; 76 Stat. 357; 40 U.S.C. 276	employed on said project have her directly or indirectly to or arson and that no deductions other than permissible
		required to be submitted for the a	
 a) That any apprentice a) That any apprentice a) State in a bona fide ureau of Apprenticeship State, are registered with 4) That: (a) WHERE FRINGE PROGRAMS XX:In addition to the ayroll, payments of fring (b) WHERE FRINGE (B) WHERE FRINGE (B) WHERE FRINGE Each laborer or momout not less than the 	arm with the work he perform semployed in the above per apprenticeship program regis and Training, United States th the Bureau of Apprentices BENEFITS ARE PAID TO APP the basic hourly wage rates p is benefits as listed in the co- yeas, except as noted in Sec BENEFITS ARE PAID IN CAS schanic listed in the above re sum of the applicable basic i	tod ara duly sered with a State apprenticeship Department of Labor, or if no suc hip and Training, United States D ROVED PLANS, FUNDS, OR ald to each laborer or mechanic II ntract have been or will be made tion 4(c) below. H	agency recognized by the h recognized agency exists in epartment of Labor. sted in the above referenced to appropriate programs for
(c) EXCEPTION (CR/	VFT) EXPLANATI		
			REMARKS
		· · · · · · · · · · · · · · · · · · ·	<u>All Contract (1997年)</u> このでした。 このでした。 このでので、 たいたいで、 たいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいたいで、 したいたいたいで、 したいたいたいたいで、 したいたいたいで、 したいたいたいで、 したいたいたいたいたいで、 したいたいたいで、 したいたいたいたいたいたいで、 したいたいたいたいたいたいで、 したいたいたいたいたいたいで、 したいたいたいたいたいたいで、 したいたいたいたいたいたいたいで、 したいたいたいたいたいたいで、 したいたいたいたいたいたいたいたいたいたいたいで、 したいたいたいたいたいたいたいたいたいたいたいたいたいたいたいたいたいたいたい
author Sthutter cen	Manager ////////////////////////////////////	Schutt ts May Subject The Contractor C Section 231 Of Title 31 Of The I	T. SubContractor To Civil Or Jolited States.
author Sthutter cen	Section 1001 of Title 18 An	Schutt Te May Subject The Contractor C Section 231 of Title 31 Of The I	Tr SubContractor To Civil Or Joired States
lame and title ourtney Schultz, Office I ne Willful Falsification O Iminal Prosecution. See	Section 1001 of Title 18 An	Its May Subject The Contractor of Section 231 CF Title 31 Of The I	

195 VILLASE OF CREST HILL WREF PHOSPHORUS REMOVAL 2250 N BROADWAY CREST HILL IL 60403	ELLIC 1600 P. O.	actor XIT ELECTR SOUTH BRU BOX 245 CITY, JL 60	DADWAY			Custome WILLIAM PO BOX PEORIA,	s Broti 1366		NST INC	ine da Bj Herriet La Santa	Jab Num Week End	ber: 22-40 ing: 7/9/20	23	
Name / Address / Phone	Soc See No. Class Mar Ekemp.	07/03 Món	****	07/05 Wed	urs Worl 07/06 Thu	kad This Jo 07/07 Fri	b 07/08 Sat	07/09 Suri	Tet	Pay Rate	Grose Pay Thes Job All Jobs	- Deducti Fed. Fice Med State	Local	Check # Net Pay
TERRANCE ARTHUR HEINZE JR. 33 Kathy Drive Xolarbonnats, 11 60914 815) 693-1925	LB.E.W. / 176	Ri 2.000 (Ceneral) D: 0.000	OREMAN	0.000	0.000		0.000 0.000	0.000 0.000	2.000 0.000	60.320 +45.820FR 0.000 +0.000FR	120.64 1809.60 30hrs	24.54	0.00 110.15 485.60	V4065 1324.00
	Fringe Rate Amount	APPR 176 1.350 2.70	DECP 176 7.000 14.00) 1	V 176. 7.340 34.68	LMCC 176 0.130 0.26		176 N 000 5.00	1.810 3.62	NECA 176 0.300 0.60	NNMC 176 0.130 0.26	SUB 176 4,760 9.52	45	Tokal .820 1.64
н стана на стана стана на стана стан на стана с	Deduction Amount	DUES 176 63.34	PAC 176 1.81		/ 176 15.00	Total 110,15		i p		· · · ·				
RACY BRUCE WILKERSON 13441 EAST 3200 NORTH ROAD 1EDDICK, D. 60961 815) 530-0405	LB.E.W. / 176	R: 0.000 FOREMAN D: 0.000	0.000 0.000	8.000 9.000	4.000 0.000		0.000	0,000	12.000 0.000	56.680 +45.694FR 0.000 +0.000FR	680.16 1360,32 24hrs	168.13 79.07 18.50 63.13	0.00 84.97 413.80	V4098 946.52
	Fringe Rate Amount	APPR 176 1.350 16.20	DECP 176 7.000 84:00	1	/ 176 / 340 /8.08	LMCC 176 0,130 1.56	13	176 N 000 5.00	EBF 176 1.701 20.41	NECA 176 0.283 3.40	NNMC 176 0.130 1.56	SUB 176 4,760 57,12	45	Total 694 8,33
	Deduction Amount	DUES 176 47.61	PAC 176 1.36		/ 176 36.00	Total 84.97								
Rep Gwert))	Bay 800.80 0.00 800.80										¥	

I, Courtney Schultz, Office Manager do hereby state: 1] That I pay or supervise the payment of the persons employed by ELLIOTT ELECTRIC, INC. on the (JOB) that during the payroll period commencing on 7/3/2023 and ending 7/9/2023, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to an on behalf of said ELLIOTT ELECTRIC, INC. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full weekly wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 957; 76 Stat. 357; 40 U.S.C. 276c), and described below:

21 That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
31 That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor.
41 That:
(a) WHERE Earlies and the Bureau of Apprenticeship and Training, United States Department of Labor.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

Description of the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below. (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Courtney Schultz, Office Manager ______ The Willful Falsification Of Any Of The Above Statements Chminal Prosecution. See Section 1001 Of Title 18 And S

Name and title

---Each laborer or mechanic listed in the above referenced payroli has been paid, as indicated on the payroll, an amount hot less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below. (c) EXCEPTION (CRAFT) EXPLANATION

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 3] That any apprentices employed in the above period are duly.
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Certified Payroll Register Page: 1 Contractor CURRING BROTHERS CONST INC VILLAGE OF CREST HILL ELLIOTT ELECTRIC, INC. WRF PHOSPHORUS REMOVAL Job Number: 22-40 Week Ending: 7/30/2023 1600 SOUTH BROADWAY PO BOX 1366 2250 N BROADWAY P. O. BOX 245 PEORIA, IL 61654 CREST HILL, IL 60403 COAL CITY, IL 60416 - Deductions Fed. Local SOC Sec No. - Hours Worked This Job Gross Pay **O**ase Fica Other Check # 07/24 07/25 07/26 07/27 07/28 07/29 07/30 Date This Job Mar Exemp. Name / Address / Phone Med Mon Tue Wed Thu Fri Sat Sun Tot state Rabe All Jobs Total Net Ray *** Hours Pav Regular 0.000 0.00 0.00 Overtime 0.000 I, Courtney Schultz, Office Manager do hereby state: 1] That I pay or supervise the payment of the persons employed by ELLIOTT ELECTRIC, INC. on the (JOB) that during the payroll period commencing on 7/24/2023 and ending 7/30/2023, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said ELLIOTT ELECTRIC, INC.from the full weekly wages earned by any person and that no permissible deductions have been made either directly or indirectly from the full wages earned by any person, other than the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 275C), and described below: 2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates laborer or mechanic contract; that the classifications set forth therein for each 3] That any apprentices employed in the above period are duly registered in a borne fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training. United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training. A State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
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(Neme of signatory party)	, CHIEF FINANCIAL OFFICER (The)	a series a s	IS ARE PAID TO APPROVED PLANS,	. :
do hereby state:				
that during the payroll period comm July 2023 , and ending the all persons employed on said proja weakly wages earned, that no reba	nencing on the 16 th day of e 22nd day of July 2023 of here been paid the full	In addition to the basic hou to each laborer or mechan referenced payroli, payme as listed in the contract ha made to appropriate progra such employees, except at below.	ic listed in the above his of fringe benefits we been or will be ans for the bonefit of	
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		KIMBERLY KELLY CHIEF FINANCIAL OFFICER		
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Case #: 23-CTP-171033

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

Payroll Date	Project Location
5/31/2023 to 6/6/2023	
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	State Capital Funds
3166-553	
Agency	
Not a State Agency	
Company Name	Contractor Location
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	Secondary Email
katy@garich.com	cp@wbci.us
Primary Phone	Secondary Phone
3094476231	
Public Body Name	Public Body Address
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
0	555555555

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Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumbe
SCOTT NDARBY	8769	STEAMFITT	6480 HOWISON RD	SOMONAU K IL 60552	white	NHL	m	No	Yes	No	No	8154406773
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413
Mark Pford	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
AIDAN P.MANN	6550	PLUMBER	290 W KANKAKEE AVE	HERSCHE R IL 60941	white	NHL	m	No	No	No	Yes	8156628964
BRENTON TPAWLAK	6756	CARPENTE R	506 E FAST AVE	MACKINA W IL 61755	white	NHL	m	No	No	No	Yes	3093399849
SAMUEL JSTOOPS	0750	PLUMBER	400 SHAGGY BARK TRL	MORTON IL 61550	white	NHL	m	No	Yes	Yes	No	3094479921
JOSEPH PTHEOBALD	2610	PLUMBER	117 2ND ST # 153	STANDAR D IL 61363	white	NHL	m	No	Yes	No	No	8153392937
DEVIN MWARNING	5824	OPERATOR	19904 FOXBOROUGH DR	MOKENA IL 60448	white	NHL	m	No	No	No	Yes	8154120275
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSE R	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORT H IL 61745	white	NHL	m	No	No	No	Yes	3098259612
	G-G	ender	V-Vetera	n	J-Jou	meyman	t	F-For	eman	1	A-Ap	prentice

N H L- Not Hispanic or Latino

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H L- Hispanic or Latino

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Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun			Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross		No Wor k
SCOTT NDARBY	Ρ	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	55.00	0.00	0.00	440.00	689.18	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Реп	sion	19.70		Healt	h	23.70		Vacation	0.00		Training	5.84	•		•	

BILLY D.GALLIO	Ρ	8.50	8.50	8.50	8.50	8.50	0.00	0.00	40.00	2.50	0.00	58.60	87.90	0.00	2563.75	1632.35	
N																	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	16.00		Health	1	22.95		Vacation	0.00		Training	0.00			_	

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MARK PFORD	Ρ	5.00	8.00	8.00	8.00	8.00	0.00	0.00	37.00	0.00	0.00	55.00	0.00	0.00	2035.00	1143.20	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	9.85		Health		11.85		Vacation	0.00		Training	2.92				
IDAN MANN	Ρ	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	30.25	0.00	0.00	242.00	209.37	
997 AU	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9 mm 4, and 12 (4 ft 2) (1 ft 2)	Pen	sion	0.00		Heaith		3.00		Vacation	0.00		Training	0.00				
BRENTO N TPAWLA	Ρ	10.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	2.00	0.00	31.18	46.77	0.00	342.98	1021.64	
an a	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ana an di dara, di santa Militi a	Pen	sion	61.95		Health		39.69		Vacation	0.00		Training	0.00				
SAMUEL	Ρ	0.00	4.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	60.00	0.00	0.00	240.00	1429.29	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	126.9 0		Health		130.50)	Vacation	0.00		Training	22.24				
OSEPH PTHEOB ALD	Ρ	8.00	0.00	3.50	8.00	8.00	0.00	0.00	27.50	0.00	0.00	55.00	0.00	0.00	1512.50	1568.87	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
******	Pen	sion	14.51		Health		17.45		Vacation	0.00		Training	4.30				
DEVIN MWARNI NG	Р	8.50	0.00	8.50	8.50	8.50	0.00	0.00	32.00	2.00	0.00	29.75	44.62	0.0 0	1041.25	750.05	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	14.45		Health		22.95		Vacation	0.00		Training	0.00		_		
TRAVIS AWEBER	Р	8.00	8.00	8.00		8.00	0.00	0.00	40.00	0.00	0.00	58.00	0.00	0.00	2320.00	1680.69	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00	
	Pen	sion	9.85		Health		12.65		Vacation	0.00		Training	3.12				
ADAM LWICKEN HAUSER	Р	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	56.80	0.00	0.00	2272.00		
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	L
paragente anna hantife (paragene	Рег	sion	17.29		Health		15.00		Vacation	0.00		Training	0.00				

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I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tammy Rich Stimson Jul 14, 2023



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Case #: 23-CTP-171050

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

Payroll Date	Project Location
6/7/2023 to 6/13/2023	0
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	State Capital Funds
3166-553	No
Agency	
Not a State Agency	
Company Name	Contractor Location
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	Secondary Email
katy@garich.com	cp@wbci.us
Primary Phone	Secondary Phone
3094476231	
Public Body Name	Public Body Address
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
0	5555555555

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Name	Last455N	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413
Mark Pford	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
DEVIN MWARNING	5824	OPERATOR	19904 FOXBOROUGH DR	MOKENA IL 60448	white	NHL	m	No	No	No	Yes	8154120275
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSE R	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORT H IL 61745	white	NHL	m	No	No	No	Yes	3098259612
	G-G	ender	V-Vetera	n n	J-Jou	Imeyman	i	F-For	eman		A-Ap	prentice

N H L- Not Hispanic or Latino H L- Hispanic or Latino

4					Thr	Fri	Sat	Sun			Dub Tim Hrs	Wage	Wage	Dbl Tim Wage			No Woi k
BILLY P D.GALLIO N) 8 .	50 6	.00	3.00	8.50	8.50	0.00	0.00	33.00	1.50	0.00					1632.36	Ë
N	VP 0.1	00	.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

MARK PFORD	Ρ	8.00	6.00	3.00	8.00	8.00	0.00	0.00	33.00	0.00	0.00	55.00	0.00	0.00	1815.00	1223.82	
	NΡ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	11.94		Health)	14.36		Vacation	0.00		Training	3.54				

	Pen	sion	18.42		Health	ľ	29.26	,	Vacation	0.00		Training	0.00		•		
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
MWARNI NG	_												ĺ				
DEVIN	Р	0.00	0.00	3.00	8.50	8.50	0.00	0.00	19.00	1.00	0.00	29.75	44.62	0.00	609.87	572.19	

TRAVIS AWEBER	Ρ	8.00	6.00	3.00	8.00	8.00	0.00	0.00	33.00	0.00	0.00	58.00	0.00	0.00	1914.00	1734.74	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	12.24		Health	1	15.72		Vacation	0.00		Training	3.88				

adam Lwicken Hauser	Р	8.00	6.00	0.00	0.00	8.00	0.00	0.00	22.00	0.00	0.00	56.80	0.00	0.00	1249.60		
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
1	Pen	sion	31.83		Health)	27.61	1	Vacation	0.00		Training	0.00				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tammy Rich Stimson Jul 14, 2023

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Case #: 23-CTP-171058

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

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Payroll Date	Project Location
6/14/2023 to 6/20/2023	0
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	State Capital Funds
3166-553	
Agency	
Not a State Agency	
Company Name	Contractor Location
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	Secondary Email
katy@garich.com	cp@wbci.us
Primary Phone	Secondary Phone
3094476231	
Public Body Name	Public Body Address
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
1	555555555

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Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	v	J	F	Α.	PhoneNumbe
SCOTT CCROSBY	2892	PLUMBER	121 CHILLON DR	LYNWOOD IL 60411	white	NHL	m	No	Yes	No	No	8152607284
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413
MARK PFORD	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
BRENTON TPAWLAK	6756	CARPENTE R	506 E FAST AVE	MACKINA W IL 61755	white	NHL	m	No	No	No	Yes	3093399849
Joseph Ptheobald	2610	PLUMBER	117 2ND ST # 153	STANDAR D IL 61363	white	NHL	m	No	Yes	No	No	8153392937
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSE R	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORT H IL 61745	white	NHL	m	No	No	No	Yes	3098259612
	G-C	ender	V-Vetera	in	J-Jou	meyman		F-For	eman		A-Aj	oprentice

N H L- Not Hispanic or Latino H L- Hispanic or Latino

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Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun			Dub Tim Hrs		OT Wage Rate	Dbl Tim Wage	Gross		No Wor k
SCOTT CCROSBY	Ρ	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	56.80	0.00	0.00	454.40	1434.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	86.45		Healt	h	75.00		Vacation	0.00		Training	0.00				

Pension 86.45

BILLY D.GALLIO	P	0.00	0.00	8.50	8.50	8.50	0.00	0.00	24.00	1.50	0.00	58.60	87.90	0.00	1538.25	1606.80	
N																	L
1	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
l	Pen	sion	26.35		Health	1	37.80		Vacation	0.00		Training	0.00				

MARK PFORD	Ρ	0.00	2.00	8.00	8.00	8.00	0.00	0.00	26.00	0.00	0.00	55.00	0.00	0.00	1430.00	1008.82	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	12.12		Health	1	14.58		Vacation	0.00		Training	3.59				

BRENTO N TPAWLA K	Ρ	0.00	0.00	9.00	0.00	0.00	0.00	0.00	8.00	1.00	0.00	31.18	46.77	0.00	296.21	976.35	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	66.38		Health		42.53		Vacation	0.00		Training	0.00				
Joseph Ptheob Ald	Ρ	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	55.00	0.00	0.00	440.00	1568.87	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Реп	sion	49.87		Health		59.99		Vacation	0.00		Training	14.78	<u></u>			
TRAVIS AWEBER	Ρ	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00	0.00	58.00	0.00	0.00	1392.00	1680.69	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	16.42		Health		21.08		Vacation	0.00		Training	5.20	,		••	
ADAM LWICKEN HAUSER	Р	0.00	0.00	8.00	8.00	0.00	0.00	0.00	16.00	0.00	0.00	56.80	0.00	0.00	908.80	1081.89	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	34.58		Health		30.00		Vacation	0.00		Training	0.00	•			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tammy Rich Stimson

Jul 14, 2023



Case #: 23-CTP-171064

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

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Payroll Date	Project Location
6/21/2023 to 6/27/2023	0
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	State Capital Funds
3166-553	No
Agency	
Not a State Agency	
Company Name	Contractor Location
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	Secondary Email
katy@garich.com	cp@wbci.us
Primary Phone	Secondary Phone
3094476231	
Public Body Name	Public Body Address
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
	5555555555

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Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
SCOTT CCROSBY	2892	PLUMBER	121 CHILLON DR	LYNWOOD IL 60411	white	NHL	m	No	Yes	No	No	8152607284
SCOTT NDARBY	8769	STEAMFITT ER	6480 HOWISON RD	SOMONAU K IL 60552	white	NHL	m	No	Yes	No	No	8154406773
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413
Mark Pford	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
Joseph Ptheobald	2610	PLUMBER	117 2ND ST # 153	STANDAR D IL 61363	white	NHL	m	No	Yes	No	No	8153392937
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155
adam Lwickenhause R	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORT H IL 61745	white	NHL	m	No	No	No	Yes	3098259612
	G-G	ender	V-Vetera	n	J-Jou	meyman		F-For	eman		A-Ap	prentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

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Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage		Net	No Wor k
SCOTT CCROSBY	P	0.00	0.00	8.00	8.00	5.00	0.00	0.00	21.00	0.00	0.00	56.80	0.00			1434.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Реп	sion	32.93		Healt	h	28.57		Vacation	0.00		Training	0.00				·
SCOTT NDARBY	Р	0.00	0.00	0.00	0.00	5.00	0.00	0.00	5.00	0.00	0.00	55.00	0.00	0.00	275.00	1307.18	
*****	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<u> </u>
	Рел	ision	70.88		Healt	h	79.68		Vacation	0.00		Training	15.42	L			
BILLY D.GALLIO N	P	0.00	9.00	0.00	0.00	0.00	0.00	0.00	8.00	1.00	0.00	58.60	87.90	0.00	556.70	753.48	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	31.11		Healt	ו	44.63		Vacation	0.00		Training	0.00				L,
MARK PFORD	Ρ	0.00	0.00	8.00	5.00	5.00	0.00	0.00	18.00	0.00	0.00	55.00	0.00	0.00	990.00	1223.82	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<u> </u>

	Pen	sion	21.89		Health		26.33		Vacation	0.00		Training	6.49				
JOSEPH PTHEOB ALD	Р	0.00	0.00	8.00	8.00	5.00	0.00	0.00	21.00	0.00	0.00	55.00	0.00	0.00	1155.00	1568.87	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
L	Pen	sion	19.00	<u>-</u>	Health		22.85		Vacation	0.00		Training	5.63				
TRAVIS AWEBER	Ρ	0.00	8.00	6.00	0.00	5.00	0.00	0.00	19.00	0.00	0.00	58.00	0.00	0.00	1102.00	1680.69	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	20.74		Health		26.63		Vacation	0.00		Training	6.57		-		
adam Lwicken Hauser	P	0.00	0.00	8.00	5.00	5.00	0.00	0.00	18.00	0.00	0.00	56.80	0.00	0.00	1022.40	1315.16	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
1	Pen	sion	38.42		Health		33.33		Vacation	0.00		Training	0.00				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tammy Rich Stimson

Jul 14, 2023



Case #: 23-CTP-190836

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

· · · · · · · · · · · · · · · · · · ·	
Payroll Date	Project Location
6/28/2023 to 7/4/2023	0
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	State Capital Funds
3166-553	
Agency	
Not a State Agency	
Company Name	Contractor Location
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	Secondary Email
katy@garich.com	cp@wbci.us
Primary Phone	Secondary Phone
3094476231	
Public Body Name	Public Body Address
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
Primary Phone	Secondary Phone
0	655555555

										1919-11-1 25-11-1 1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413
MARK PFORD	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSE R	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORT H IL 61745	white	NHL	m	No	No	No	Yes	3098259612
	G-G	Sender	V-Vetera	n	J-Jor	imeyman		F-For	reman		A-A	oprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

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Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Wage	OT Wage Rate	Dbi Tim Wage	Gross	Nət	No Wor k
BILLY D.GALLIO N	P	0.00	0.00	8.50	0.00	2.50	0.00	0.00	10.50	0.50	0.00	58.60	87.90	0.00		1035.69	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	37.09		Healt	h	53.20		Vacation	0.00		Training	0.00				
MARK PFORD	Ρ	0.00	0.00	8.00	0.00	8.00	0.00	0.00	16.00	0.00	0.00	55.00	0.00	0.00	880.00	786.78	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
-910211211212	Per	sion	14.78	_	Healt	h	17.78		Vacation	0.00		Training	4.38				
TRAVIS AWEBER	Ρ	0.00	0.00	8.00	0.00	8.00	0.00	0.00	16.00	0.00	0.00	58.00	0.00	0.00	928.00	1077.21	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Per	sion	14.78	I	Healt	h	18.98	3	Vacation	0.00)	Training	4.68				
ADAM LWICKEN HAUSER	Ρ	0.00	0.00	8.00	0.00	8.00	0.00	0.00	16.00	0.00	0.00	56.80	0.00	0.00	908.80	848.62	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2
, <u></u>	L,	nsion	25.94		Healt	h	22.50)	Vacation	0.00)	Training	0.00				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tammy Rich Stimson Jul 31, 2023

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Case #: 23-CTP-190838

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol,certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

Payroll Date	Project Location
7/5/2023 to 7/11/2023	
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	State Capital Funds
3166-553	No
Agency	
Not a State Agency	
Company Name	Contractor Location
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	Secondary Email
katy@garich.com	cp@wbci.us
Primary Phone	Secondary Phone
3094476231	
Public Body Name	Public Body Address
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
0	555555555

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Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumbe
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413
Mark Pford	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
CHRISTOPHER APERRY	9948	OPERATOR	532 W 6TH ST	MINONK IL 61760	white	NHL	m	No	Yes	No	No	3096133117
CURTIS JSTECHMAN	3214	STEAMFITT ER	8 FAIRFAX CT	MACKINA W IL 61755	white	NHL	m	No	Yes	Yes	No	3093598659
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSE R	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORT H IL 61745	white	NHL	m	No	No	No	Yes	3098259612
PROFESSION AND A STREET AND A STREET AND AND	G-Gender		V-Vetera	,	J-Joi	ımeyman	I	F-For	eman		A-Ar	prentice

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N H L- Not Hispanic or Latino

H L- Hispanic or Latino

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Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Stralght Hrs		Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbi Tim Wage	Gross	Net	No Wor k
BILLY D.GALLIO N	P ·	8.50	8.50	3.00	0.00	0.00	0.00	0.00	19.00	1.00	0.00	58.60	87.90	0.00	1201.30	1632.36	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	34.00		Health	1	48.77		Vacation	0.00	• <u> </u>	Training	0.00	•		-	L

MARK PFORD	Ρ	8.00	2.00	3.00	0.00	0.00	0.00	0.00	13.00	0.00	0.00	55.00	0.00	0.00	715.00	1223.82	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	30.31		Health	1	36.46		Vacation	0.00		Training	8.98				

CHRISTO PHER APERRY	Ρ	0.00	9.00	0.00	0.00	0.00	0.00	0.00	8.00	1.00	0.00	54.80	82.20	0.00	520.60	1244.79	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	59.39		Health		59.92		Vacation	0.00		Training	5.50				

CURTIS JSTECHM AN		4.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	48.02	0.00	0.00	192.08	1201.62	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	

	Pen	sion	133.3 8		Health		101.00		Vacation	0.00		Training	8.55				
TRAVIS AWEBER	Р	8.00	8.50	0.00	0.00	0.00	0.00	0.00	16.00	0.50	0.00	58.00	87.00	0.00	971.50	1734.74	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
<u></u>	Pen	sion	24.48		Health		31.43		Vacation	0.00		Training	7.75				
adam Lwicken Hauser	Ρ	8.00	2.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00	56.80	0.00	0.00	568.00	1315.15	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
t	Pen	sion	69.16		Health		60.00		Vacation	0.00		Training	0.00				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tammy Rich Stimson

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Jul 31, 2023



Case #: 23-CTP-190841

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

Payroll Date	Project Location
7/12/2023 to 7/18/2023	0
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	an fan annen an here den an en an
Project Number or Name	State Capital Funds
3166-553	
Agency	an a
Not a State Agency	
Company Name	Contractor Location
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	Secondary Email
katy@garich.com	cp@wbci.us
Primary Phone	Secondary Phone
3094476231	анан так баш канан тарап такан такан такан такан так
Public Body Name	Public Body Address
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
0	5555655555

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Name	Last455N	Classificati on	Address	City	Race	Ethnicity	G	v	J	F	A	PhoneNumber	
JAMES DCONOUR	2429	STEAMFITT ER	750 DARTMOUTH DR	ISLAND LAKE IL 60042	white	NHL	m	No	Yes	No	No	8475262839	
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413	
DAVID P.MAYER	3328	OPERATOR	301 N WALNUT ST	LINDENW OOD IL 61049	white	NHL	m	No	Yes	No	No	8157398532	
CHRISTOPHER	9948	OPERATOR	532 W 6TH ST	MINONK IL 61760	white	NHL	m	No	Yes	No	No	3096133117	
CURTIS JSTECHMAN	3214	STEAMFITT ER	8 FAIRFAX CT	MACKINA W IL 61755	white	NHL	m	No	Yes	Yes	No	3093598659	
SAMUEL JSTOOPS	0750	PLUMBER	400 SHAGGY BARK TRL	MORTON IL 61550	white	NHL	m	No	Yes	Yes	No	3094479921	
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	ш	No	Yes	Yes	No	3095317155	
ADAM LWICKENHAUSE R	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORT H IL 61745	white	NHL	m	No	No	No	Yes	3098259612	
	G-C	G-Gender V-Veteran				umeyman		F-Fo	Foreman			A-Apprentice	

N H L- Not Hispanic or Latino H L- Hispanic or Latino

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs		Dub Tim Hrs	Hourly Wage	Wage	Dbl Tim Wage	Gross		No Wor k		
JAMES DCONOU R	Ρ	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00	0.00	55.00	0.00	0.00	440.00	1045.72			
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
	Per	nsion	39.40	-	Healt	h	47.40		Vacation	0.00		Training	11.68						
BILLY D.GALLIO	P	0.00	0.00	8.50	8.50	8.50	0.00	0.00	24.00	1.50	0.00	58.60	87.90	0.00	1538.25	1632.35			

D.GALLIO N																	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
L	<u> </u>	sion	26.67		Health	n	38.25		Vacation	0.00		Training	0.00				

DAVID P.MAYER	Ρ	0.00	8.50	0.00	0.00	0.00	0.00	0.00	8.00	0.50	0.00	56.80	85.20	0.00	497.00	1376.68	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		62.20	Health		92.20	2.20 Vacation		0.00	Training		0.00						

	<u> </u>	_															-
CHRISTO PHER APERRY	Ρ	0.00	9.50	0.00	0.00	0.00	0.00	0.00	8.00	1.50	0.00	54.80	82.20	0.00	561.70	1548.48	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen	sion	71.31		Health	l	70.08		Vacation	0.00		Training	7.01				I
CURTIS JSTECHM AN	Ρ	0.00	4.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	58.00	0.00	0.00	232.00	1209.87	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_
	Pen	sion	100.2 8		Health		105.35	;	Vacation	0.00		Training	20.53				
SAMUEL JSTOOPS	Р	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	60.00	0.00	0.00	960.00	1479.16	
<u></u>	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pens	sion	29.95		Health		32.38		Vacation	0.00		Training	6.12		4		
TRAVIS AWEBER	Ρ	0.00	0.00	6.50	8.00	8.00	0.00	0.00	22.50	0.00	0.00	58.00	0.00	0.00	1305.00	1627.17	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pens	sion	16.85		Health		21.65		Vacation	0.00		Training	5.34				
adam Lwicken Hauser	Ρ	0.00	0.00	6.50	8.00	8.00	0.00	0.00	22.50	0.00	0.00	56.80	0.00	0.00	1278.00	1271.41	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pens	ion	29.59		Health		25.67		Vacation	0.00		Training	0.00				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tammy Rich Stimson

Jul 31, 2023



Case #: 23-CTP-190857

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLLFORM

	,在1944年,1991年4月1日,1997年,1997年4月1日) 1948年,1997年前初日日本市委員会主要出版。 1948年1月1日,1997年前初日日本市委員会主要出版。	
Payroll Date		Project Location
7/19/2023 to 7/25/2023		2250 N BROADWAY ST
Contractor Number Or FEIN		CREST HILL IL 60403
37-971661		No Work Report: Yes
Project Number or Name		State Capital Funds
3166-553		No
Agency		
Not a State Agency		
Company Name		Contractor Location
G.A. Rich & Sons, Inc	9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-	PO BOX 50
Contact Name		DEER CREEK IL 61733
Katy D Miller		
Primary Email	aren da legen erdan zu enderen er eren eren eren eren er eren	Secondary Email
katy@garich.com	van 1940 waard al waard da waard al wa Na waard al w	cp@wbci.us
Primary Phone	ĸŊŢĊĸĊŢĊĸŦ₩ŎŎŦĸŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎ	Secondary Phone
3094476231		
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Name	 Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Dub Tim Hrs	Wage	OT Wage Rate	Dbl Tim Wage	Gross	No Wor k

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tammy Rich Stimson

Jul 31, 2023

 (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below. 	set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized sgency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination inconcreted into the contract. That the classifications applicable wage rates contained in any wage determination.	(Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations. Part 3 (29 C.F.R. Subttle A), issued by the Secretary of Labor under the Copetand Act, as amended (48 Stat 948, 53 Stat. 106, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	, $\underline{23}$, and ending the $\underline{2}$ day of $\underline{7}$ day or indirectly to or on behalf of said RP Coatings, Inc	(Contractor or Subcontractor) Crest Hill East WRF ; that during the payroll period commencing o (Building or Work)	Date T. 6, 23 Molly Geremia Office Manager (Name of Signatory Party) (Title) do hereby state: (1) That I pay or supervise the payment of the persons employed by
MAKE AND TITLE Moliy Geremia Office Manager THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJET THE ON TRACTOR OR SUBCONTRACTOR TO CRIMINAL PROSECUTION. SEE SECTION 1001 OF THE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.		REMARKS:			EXCEPTION (CRAFT)	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH — Each laborer or mechanic listed in th as indicated on the payroll, an amol basic hourly wage rate plus the amol basic hourly wage rate plus the amol in the contract, except as noted in s (c) EXCEPTIONS
SIGNATURE					EXPLANATION	INEFITS ARE PAID IN CASH laborer or mechanic listed in the above referenced payroll has been paid, likated on the payroll, an amount not less than the sum of the applicable hourly wage rate plus the amount of the required fringe benefits as listed contract, except as noted in section 4(c) below.

		Korzeniewski, Adam 7 Crest View Lane Lake Barrington, IL 50010	Emotovee Name	Certified Payroll Rep
		ind Foreman Painter RT	Contractor PP COATINGS, INC. PO BOX 327 TROY, IL 62294 Work Pay Classification Typ	
		50	Project Williams Bros.:Crest Hill East WRF Hours Worked by Day Pay Mon Tue Wed Thu Fri Sat Sun Timesheet Pald Pey Job Fringe Check Trype 3 4 5 6 7 8 9 1 Hours Hours Rate Groes Pay Rate Number	
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		300,66 142,64 33.38 246.0	Project/Contract # Payroll Number For Week Ending Total Social Medi- Federa ss Pay Security care Ta	
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Ramarks: Name and Tite Molly Geremia, Office Manager THE WILLFUL FALSIFICATION OF ANY OF T THE WILLFUL FALSIFICATION OF ANY OF T	Exception (Crait)	 (a) WHERE FRINGE BENEFITS ARE PAID TO APPRImote A section 4(5) below. (b) WHERE FRINGE BENEFITS ARE PAID IN CASH Each taborar or mechanic listed in 1 Each taborar or mechanic listed in 1 conted in Section 4(c) below. (c) EXCEPTIONS 	 (c) runs any payricus outputser success the contract, the the classifications set forth therein his case (3) That any apprendices employed in the above period are exists in a State, are registered with the Bureau of Apprendices (4) That: 	(1) That I pay or supervise the payment of the persons em full weakly wages samed, that no rebates have been or in the Secretary of Labor under the Copeland Act, as amend the Secretary of Labor under the Copeland Act, as an end the Secretary of Labor under the contract maxime (2) That any payrols otherwise under the contract maxime (2) That any payrols otherwise under the contract maxime (2) The secretary of the contract maxime (3) The secretary of the secretary of the contract maxime (3) The secretary of the	Date: Jul-13, 2023 , Monty Geramita, Ortice Manager, do hereby state:
Romaine: Name and Tale Name and Tale Nonly Geremia, Office Namager Nonly Geremia, Office Namager The WILLAU, FAUSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CHIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	Explanation	iOVED PLANS, FUNDS, OR PROGRAMS e rates peid to cach laborer or mechanic listed in the above referenced payroli, payments of tringe benefits as listed in the contract have been or will the above referenced payroli has been paid, as indicated on the payroli, an amount not less then fite sum of the applicable basic hourly wage rate p	(2) That any apprentices employed in the source pairou work or uncounter that complete. That the wage rates or indicates and mechanics complete material as not respectively and the source and mechanics complete material as not respectively and the source and mechanics and mechanics complete material as not respectively and the source and mechanics and mechanics and mechanics and mechanics and the apprentices and mechanics and mec	(1) That any cause vise the persons employed by PP COATINGS, up to not behalf of said PP COATINGS, NC, from the kill weeky wages earned by any person, other flam permissible deductions as defined in Regulations. Part 9 (2) CPR Subtile AI, respect by the Scare bar, or the said report of the source of the source beam, and the source of	y soute:
SECTION 231 OF		be made to appropriate programs for the benefit of such employees, etcept as Lis the amount of the required tringe benefits as listed in the contract, except as	n the approaphe wage raise contained in any wage determination incorporated into and Traibling, United States Department of Labor, of if no such recognized agency	bensons simployed on the used project have been paid the ned in Regulations, Part 3 (29 CFR Subtitle A), issued by	

U.S. Department of Labor Wage and Hour Division	(For Contracto Persons are not n	PAYROLL (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.	PAYROLL tructions at www	v.dol.gov/whd † displays a current	fforms/wh347 instr.htm) y valid OMB control number.		U.S. Wage and Hour Division Rev. Dec. 2008
			ADDRESS PO Box 327 Troy, IL 622	PO Box 327 Troy, IL 62294		OME	OMB No.:1235-0008 Expires: 07/31/2024
PAYROLL NO.	JEEK ENDIN	1.16.23	PROJECT AND LOCATION Crest Hill East WRF	WRP		PROJECT OR CONTRACT NO.	
C) DING (2) NS	(3)	(4) DAY AND DATE	(9) (9) (8)	(7)		(B) DEDUCTIONS	V (9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (a.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	WORK	OT. O	TOTAL RATE HOURS OF PAY	AMOUNT EARNED	FICA TAX	OTHER DEDUC	TOTAL PAID DEDUCTIONS FOR WEEK
NO WORK THIS PAY PERIOD	PAINTER						
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		<i>6</i> 0					
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While completion of Form WH-S47 is optional, it is mandatory for covered contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 28 C.F.R. §§ 3.4, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 28 C.F.R. §§ 3.4, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "fundeh weeky a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (UDL) regulations at 29 C.F.R. § 5.5(a)(2)(0) require contractors to submit weeky a copy of all payrolis to the Federal agency contracting for or financing the construction project, eccompanied by a signed "Statement of Compliance" indicating the payrolis are correct and complete and the teach laborer or nechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and finge benefits.	covered contractors and su wk on Federally financed or prevailing wage rate for the	bcontractors performing work on Federally assisted construction contracts to "furnish areil agency contracting for or financing the work performed, DOL and federal contract	inanced or assisted co weekly a statement with construction project, ac ing againcles receiving :	nstruction contracts to n respect to the wages companied by a signe this information review	respond to the information collection paid each employee during the prec 3 "Statement of Compliance" indicatir the information to determine that em	contained th 28 C.F.R. §§ 3.3. 5.5(a). Th roling week." U.S. Department of Labor (g that the payrolis are correct and compil yoyees have received legally required w	re Copeland Act (DOL) regulations at lete and thet each laborer rges and fringe banefils.
	e this collection, including ti his collection, including sug	Public Burden Statement ne for ravlewing Instructions, searching existing r gestions for reducing this burden, send them to th	ement Isting data sources, gati In to the Administrator, V	hering and maintaining Wage and Hour Divisio	the data needed, and completing an in, U.S. Department of Labor, Room i	1 reviewing the collection of information. I 3502, 200 Constitution Avenue, N.W.	If you have

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 (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (a) I haddition to the basic hourly wage rates paid to each laborer or mechanic listed in	(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.			weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), Issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.	(Contractor or Subcontractor)	RP Coatings, Inc	yed on said project have been paid the full weekly wate either directly or indirectly to or on behalf of said	10 day of 7, 23, and ending the 16 day of 7, 23	(Contractor or Subcontractor) Crest Hill East WRF ; that during the payroll period commencing on the	(i) inact pay or supervise the payment of the persons employed by RP Coatings, Inc	(Name of Signatory Party) (Title) do hereby state:	1, Molly Geremia Office Manager	Date 7.20.23	
NAME AND TITLE Molity Geremia Office Manager THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJ SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 O TITLE 31 OF THE UNITED STATES CODE.			REMARKS:							EXCEPTION (CRAFT)	(c) EXCEPTIONS	as indicated on the payroll, an amount not less than the basic hourty wage rate plus the amount of the require in the contract, except as noted in section 4(c) below.		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
SIGNATURE										EXPLANATION		as indicated on the payol, an amount not less than the sum of the applicable basic hourty wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.	stad in the arrow referenced nauroll her here and	NCASH	

-	Contractor	Contractor RP COATINGS, INC. PO BOX 327 TROY, IL 62294			Project	William	s Bros.:(Williams Bros.:Crest Hill East WRF	ast WRI			Project/Cantract # Payroll Number For Week Ending	untract : Jimber Engling		9 7/23/2023	ω		
implovee Name		Work Classification	Pay Type	Hours Worked by Day Pay <u>Mon Tue Wed Thu Fri Sal Sun</u> Timesheet Paid Pay Job F Type 177 18 19 20 21 22 23 Hours Hours Rate Gross Pay	Timeshaet Hours	Paid Hours	Pay Rate (Job iross Pay	Job Fringe Check Pay Rate Numbe	Fringe Check Rate Number	Total Social Medi- Federal State Total Gross Pay Security care Tax Tax Other Deduct Met Pay	Social Security	care	Føderal Tax	State Tax	Other [Total	z
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Reedy, Joseph P 494 Pumphouse Road Murphysboro, IL 62966		Ind Apprentice Painter RT	Ħ	2.00 4.00	6.00		6.00 46.40	278.40		0.00 0020291	962.48	59.67	59.67 13.96	99.00	47.64	47.64 252.42 472.69	472.69	489,79
Reynolds, Jack E 331 East Water Street Kankakee, IL 60901		Ind Foreman Painter	끡	8.00 4.00	12.00	12.00 12.00 53.55	53,55	642.60		0.00 ¹ DD20292	2,142.00	132.80	31.06	132.80 31.06 228.00 106.03 150.26 648.15 1,483.85	106.03	150.26	648.15	1 -

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(1) That pay or supervise the payment of the persons employed by RP COATINGS. INC. on the project Williams Boas. Creat Hill East WRF: that during the payoil period commending on Jul-17, 2023 and ending on Jul-23, 2023 all persons employed on the said project have been paid the full weekly wages earned. that no rebases have been or will be made either directly to or on behalt of said RP COATINGS. INC. from the full weekly wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (28 CFR Subline A), issued by the Secretary of Labor under the Copetand Act, as amended (48 Star. 948, 45 Star. 108, 72 Star. S67; 40 U.S.C. 276c), and described below.
(2) That any payrolis otherwise under this contract: required to be automited for the above period are complete; that the wage rates for laborers and mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the cassifications set forth therein for each laborer or mechanic contomed.
(3) That any apprendees employed in the above period are duly registered in a bone fide apprendeeship anguarn registered with a State apprendeeship agency recognized by the Bureau of Apprendeeship and Training, United States Department of Labor. of # no such recognized agency evides in a State apprendeeship and Training and Training. United States Department of Labor.
(a) WHERE FRNGE BENEFITS ATE FAU TO APPROVED PLANS, FLUTDS, OF PROGRAMS
(b) WHERE FRINCE BENEFITS ARE PAD IN CASH
(e) EXCEPTIONS
Name and The Manager Signature Signature
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OF CRIMMAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 18 AND SECTION 231 OF

			r prodet Williams Bros. Creat Hill East WPF TROY, IL, 62234 Work Pay Nam Twe Wed Thu Fr Sat Sun Threemed Paid Pay sob Fringe Check costs register Fit 200 20 30 10 100000031 21450 Ind Foreman Pairer Fit 200 20 353 10 10 0001000031 21450 Ind Foreman Pairer Fit 200 20 353 10 10 0001000031 21450	Employee Name Ferrolds, Jack E 31 East Water Street Kankakee, IL 60901
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Name and Tale Signalure Si			E BENEFITS ARE FAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborar or mechanic listed in the name in Section 4(c) below E BENETTS ARE ALD IN CASH Each laborar or mechanic listed in the above raterenced payroli has been paid, as indic fault laborar or mechanic listed in the above raterenced payroli has been paid, as indic moted in Section 4(c) below.	yed in the above period are duly registored in a bona fice appranticeship progra I with the Bureau of Apprenticeship and Training, United States Department of L	under this contract required to be submitted for the above period are correct an tions set forth therein for each laborer or mechanic conform with the work he per	ger, do hereby stats: psyment of the persons employed by RP COATINGS, NC, on the project Willian no reballes have been or will be made either directly or indirectly to or on bhe af ne Copelland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat
SIGNALIVE USUU ALLU ALLU SEE SECTION 1001 OF TITLE 18 AND SECTION 211 OF		Explanation	 (a) WHERE FRINCE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (b) WHERE FRINCE BENEFITS ARE PAID to CAPPROVED PLANS, FUNDS, OR PROGRAMS (c) WHERE FRINCE BENEFITS ARE PAID to CASH (b) WHERE FRINCE BENEFITS ARE PAID to CASH (c) WHERE FR	(3) That any apprendices engineers and use dury registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, of it no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, of it no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) The:	(2) That any payrols otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the dassifications set forth therein for each laborer or mechanics contained in any wage determination incorporated into the contract; that the dassifications set forth therein for each laborer or mechanics contorm with the work the performed.	Table: Aug-D4, 2023 I Mobily Genernia, Diffice Nanagyr, do hanaby status: (1) That I pay or sopervise the payment of the persons employed by RP COATINGS, NC, on the project Williams Bros. Crest Hill East WRF: that during the payroll period commencing on Jul-24, 2023 and ending on Jul-30, 2023 all persons employed on the said project have been paid the full wookly wages earned, thet no rebulues have been or will be made either directly to cron behalf of said RP COATINGS, NC, itom the full wookly wages earned by any person, other than permissible deductors as defined in Regulations, Part 3 (29 CPR Subtile A), issued by the Secretary of Labor under the Copelland Act, as amended (48 Stat. 948, 58 Stat. 1967; 76 Stat 397; 40 U.S.C. 2766), and described below: