

TOTAL COSTS TO DATE

NET DISBURSEMENT REQUESTED

Illinois Environmental Protection Agency

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

illinois vvaler	Revolving Loan Ful	na
Request for L	oan Disburser	ment
nois	Loan #:	L17-5735
: 10/1/2023	 Request #:	16
: 10/31/2023	Date:	11/29/2023
t total cumulative cost cation if there are other	<u>sts</u> incurred to date an funding sources.	d submit copies of all
Eligible Budget (per loan agreement +/- IEPA approved change orders)	Total Cumulative Costs Incurred to Date	Total Cumulative Eligible Costs Incurred to Date
\$0.00	\$0.00	\$0.00
\$416,900.00	\$416,900.00	\$416,900.00
\$415,900.00	\$310,528.41	\$310,528.41
\$4,949,558.00	\$4,652,346.31	\$4,652,346.31
	Request for L	Request #: 10/1/2023 Date: for disbursement from the State Water Revolve total cumulative costs incurred to date an eation if there are other funding sources. Sign, scan, and email to EPA.LoanMgmt@il Eligible Budget (per loan agreement +/- IEPA approved change orders) Total Cumulative Costs Incurred to Date \$0.00 \$0.00 \$416,900.00 \$310,528.41

Less Retainage \$247,477.90 \$247,477.90 - List each contractor separately \$0.00 Less Paid with Other Funding Sources \$0.00 Less Total Interest Earned \$0.00 on Invested Funds Less Total Disbursements to Date \$5,022,133.93 **Less** Rounding adjustment for bonds \$0.00 (if necessary)

	FOR AGENCY USE ONLY	Υ	
Prepared by:		Date:	
Approved by:		Date:	
•			

\$5,379,774.72

\$5,379,774.72

\$110,162.89

Request #	16
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Loan # L17-5735

Please indicate compliance with the following by marking the checkbox:

- This disbursement request constitutes a report in accordance with Section 4(b)(2) of the Illinois Grant Funds Recovery Act (30 ILCS 705/4(b)(2)) and is intended 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
(15a/) un	11/29/2023
Signature	Date
+	

APPLICATION FOR PAYMENT

OWNER: City of Crest Hill, Illinois	PROJECT: East WRF Phosphorus Removal Upgrades
CONTRACTOR: Williams Brothers Construction Inc.	CONTRACT: 1-2022
FOR PERIOD ENDING: 10/31/2023	PAYMENT APPLICATION DATE: 10/31/2023
PAYMENT APPLICATION NO.: 16	
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	\$4,949,558.00
WORK PERFORMED	
COST OF WORK COMPLETED	\$4,652,346.31
PLUS MATERIALS STORED (ATTACH SCHEI	OULF) \$
NET AMOUNT EARNED TO DATE	DULE) \$ \$4,652,346.31
LESS AMOUNT OF RETAINAGE	\$247,477.90
SUBTOTAL	\$247,477.90 \$4,404,868.41
LESS PREVIOUS PAYMENTS	\$(4,308,123.60 <u>)</u>
AMOUNT DUE THIS APPLICATION	\$96,744.81
CONTRACTOR's Certification:	
payments received from OWNER on account of Work dedischarge CONTRACTOR's legitimate obligations incomplications for Payment; (2) Title to all Work, materials listed in or covered by this Application for Payment, will liens security interests and encumbrances (except security interests).	of its knowledge, the following: (1) All previous progress one under the Contract have been applied on account to curred in connection with the Work covered by prior is and equipment incorporated in said Work, or otherwise pass to OWNER at time of payment free and clear of all such as are covered by a bond acceptable to OWNER interest, or encumbrances); and (3) All Work covered by ontract Documents and not defective.
Required lien waivers attached.	
Dated 11/2/2023	Williams Brothers Construction, Inc.
	CONTRACTOR
Ву	Mun See
-,	(Authorized Signature)
Ву	Jecon (en
D _f	(Print Name)
Payment of the above AMOUNT DUE THIS APPLICATION	ON is recommended.
Dated 1/18 Luly	STRAND ASSOCIATES, INC.®
Dated	official offi
Ву	WWW 00
	(Authorized Signature)
Ву	MILLIFE Qts
-,	(Print Name)

O OWNER: City of Crest Hill 610 Plainfield Road			
rest Hill , Illinois 60403 ROM CONTRACTOR:	Williams Brothers Construction Inc. ; PO From: Jacob Lee	Box 1366; Peoria, IL 61654 Ph 309.688.0416; Fax 309.688.0891	
ingineer: Strand Associates, I	nc., 910 West Wingra Drive, Madison WI 537		
CONTRACT COD: Conorel	Att'n: Tim Jusklewicz	Ph 608.251.4843 Fax: 608.251.8655	
CONTRACT FOR: General PROJECT: East Water Reclam DWNER's Contract No.	nation Facility Phosphorus Removal Upgrades ENGINEER's Project No.	5	
or Work accomplished through	7 Let 7 - 10100 White	23	
Continuation Sheet is attached			
I. Original Contract Price	[_.		4,930,000.00
2. Net Change by Change	Orders and Written Amendments (+	or -)	19,558.00
3. Current contract Price (1 plus 2):	·······	4,949,558.00
I. Total completed and sto	ored to date:		4,652,346.31
5. Retainage (per agreen	nent):	(247,477.90)	
h 5% % of Stored Mate	erial		(247,477.90)
		5):	4,404,868.41
7. Less previous Applicati (Line 6 from prior Cert			(4,308,123.60)
1.00			96,744.81
account of Work done under the of CONTRACTOR incurred in outhough listed in or covered by this Appliens, claims, security interests indemnifying OWNER against	OR certifies that (1) all previous progress paying Contract referred to above have been application with Work covered by prior Application inclusive; (2) title to all Work, materials a plication for Payment will pass to OWNER at the and encumbrances (except such as are cover any such lien, claim, security interest or encurit is in accordance with the Contract Document	ied to discharge in full all obligations ations for Payments numbered 1 and equipment incorporated in said Work or otherwise time of payment free and clear of all ered by Bond acceptable to OWNER Imbrance); and (3) all Work covered	
defined in the Contract Docum			
		23 By: CONTRACTOR By Jacob Lee, Accountant	
Dated October 31, 202	PER, TO: October 31, 202 paivers attached.	CONTRACTOR By Jacob Lee, Accountant	
Dated October 31, 202	PER. TO: October 31, 202 Paivers attached.		

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FRP Chemical lank	Fiberglass Fabrications	Hiberglass Fabrications & Gramiy	Woods and Plastics Ephications & Gratino	Aluminum nandians	Aluminum Handrails	MISC. Metals	MISC. METALS	Metals	Base Slabs	Base Slaps	Walls	Walls	Note	Dobar	Sludge Lank	Suspended stab on State	Suspended Slab on Grade	Slab off Grade-Statis	Slab on Grade-Stall's	Base Slaps	Base Slabs	Walls	VVAIIS	Repair	Rebar	Chemical Filospholas Sa. 2000	Suspended State of Grane	Suspended Slab on Grade	Base Slabs	Base Slabs	Walls	Walls	Rebar	Repar	Oxidation Ditch Str. 4000	Concrete	Site Demo	Sheet 05-D1.01	Demolition	Sheet 29	Demolition	Chart 28	Sheet 25	Demolition	Sheet 16	Existing Conditions	General Overhead and Profit	Demobilization	Mobilization	Submittal Exchange	Bond and Insurance	General Conditions	DESCRIPTION		CONTINUATION SHEET
W Flas-Talks industries	_	Williams Brothers Const Inc	M Mona Composites	L WHILEHAM LI COLOR OF THE PARTY OF THE PART	Williams Brothers Const. Inc.			M Pleasant Mount Welding, Inc.	E Avillating products Const. life:		M Ozinga	_	M Ozinga		M Hamis			M Ozinga	1 Williams Brothers Const. Inc.	M Ozinga	1	M Ozinga		M Ozinga	□ Mid-State	M Harris	L Administration of Contract Live	Williams Brothers Const Inc.		W Oziliga		Williams Dothors Const Inc	_	Mid-State	M Harris		L Williams Brothers Const. Inc.		L Williams Brothers Const. Inc.		L Williams Brothers Const. Inc.		L Williams Brothers Const. Inc.	L Williams Diodicis Const. IIIc.			Williams Brothers Const. Inc.		SUPPLIENT	4					
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Eleculcal install	Floation Install	Electrical Demo	Electrical	Sludge Pump Building Str. 23000	Start Up	Electrical Install	Electrical	Chemical Phosphorus Str. 8000	Start Up	Electrical Install	Electrical Delito	Electrical Demo	Electrical	District Approximation	Inchimentation	Control Panels	For import	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)		Flectrical	Prefah Chemical Phosphorus Removal Building	Prefab Chemical Phosphorus Removal Building	Plastic & Weta Signs	Diagram B. Matal Cigno	Plastic & Metal Sinns	Fire Extinguishers	Fire Extinguishers	Information Specialties	Manhole Lining	Manhole Lining	Diversion Structure Manhole	Painting	Dainting	Chidae Characa Tank #A	Painting	Painting	Sludge Pump Building Str. 23000	Chamical Resistant Coating	Chamical Besident Coating	Painting	Painting	Oxidation Ditch Str. 4000	Finishes	DESCRIPTION		CONTINUATION SHEET
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Site Valve & Material Man Hole 1&2	Site Valve & Material Man Hole 1&2	Site Process Piping Storm	Site Process Piping Storm	Cutting & Capping	Cutting & Capping	Site Proc Piping PRC	olie rioc riplig rac	Sito Drop Dicino DDC	Mobilization	Overhead and Profit	Bypass Pumping	Start-Up & Owner Training	Glass-Lied Steel Sludge Storage Tank	Glass-Lied Steel Sludge Storage Tank	Unitries Occume	Cooding	Cidewalks	Sidewalks	raving	Exterior Improvements	Spoils Offsite	Chemcial Tank Backfill	Chemcial Tank Excavation	Storage Tank Backfill	Storage Tank Excavation	Oxidation Ditch Backfill	Oxidation Ditch Excavation	Site Grading	Silt Fence	Mobilization, Demobilization and Supervisor	thwork	Misc Job Expenses	Nice of Exposes	Singuising	Arc Flash System	Fire Alarm	Fire Alarm	Lighting	Lighting	Lighting Protection	Lighting Protection	Site-Poles/Feeders	Site-Poles/Feeders	Site-Handholes	Site-Handholes	Generator	Generator	Start Un	Electrical Install	Structure 98	Electrical Labor	Electrical Install	Electrical	Sludge Storage Tank Str. 25000	DESCRIPTION	
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GA RICH & Sons, Inc	GARICH & SOIIS, INC	G.A Rich & Sons, Inc	G.A Rich & Sons, Inc	G.A Nich & Sons Inc	GARICH & SOIS, IIIC	G.A Rich & Solis, IIIC	CA Dich & Cons Inc	A Rich & Sons Inc	GA Rich & Sons Inc	G.A Rich & Sons, Inc	Williams Brothers Const. Inc.	Cady Aquastore	Cady Aquastore	Cady Aquastore		Williams Brothers Const. Inc.	Williams Brothers Const. Inc.	Ozinga	Clander Paving	ander Pavino	Concord Excavaing	Concord Excavaling	Concord Excavaling	Concord Excavating	Concord Excavaling	Concord Excavating	Concord Excavating	Concord Excavating	ncord Excavating	Concord Excavating	Lilot Fiecarc	Elliot Electric	or Electric	Hillot Electric	Ellot Electric	Ellot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric	Elliot Electric		SUPPLIER/ SUBCONTRACTOR	
11,300.01	13,000.00	3,900.00	00 000 5	42,000,00	00,000,71	15,000,00	1 200 00	18.000.00	30,000.00	126,100.00	20,000.00	2,000.00	132,000.00	321,000.00		1,200,00	4.013.00	2,976.00	31 000 00	19 000 00	20,000,00	5,000,00	8,000.00	5,000.00	21,000.00	27,000.00	22,000.00	43,000.00	3,000.00	11,000.00	10,000.00	10,000,00	13 460 00	46 000 00	2,300.00	3,500.00	3 500.00	00.000,01	6,500,00	12,500.00	11,180.00	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	2,000.00		VALUE	
11,300,00			00,000,51		7,000.00			18.000.00		117,273.00									31,000,00		23,300.00		8,000.00				22,000.00			11,000.00			12,000.00			0,000,00	3 500 00	00.000	6,500.00	10,625.00	11,180.00	17.250.00	12,500.00		1.000.00	12,500,00	19,760.00	1,000.00	24,000.00	15,000.00	500.00	5,500.00	2,000.00		PREV APPL THIS PERIOD	APPL DATE: (
										1,261.00		2,000.00									00.00	500 00						6,630.00				300.00	1.200.00	2.000.00																					THIS PERIOD	October 31, 2023
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,	11 300 00	12 350 00	3.900.00	12 000 00	7.000.00	15,000.00	1.200.00	18,000.00	30,000.00	118,534.00	20,000.00	2,000.00	132,000.00	321,000.00		0.00	4,013.00	2,976.00	31,000.00	19,000.00	10,000.00	26,000,00	5,000,00	00,000,00	5,000.00	27,000.00	22,000 00	43,000.00	3,000.00	11,000.00		9,300.00	13,200.00	43,000.00	0.00	00.00	3 500 00	10,000,00	6,500.00	10,625.00	11,180.00	17,250.00	12,500.00	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	2,000.00		& STORED	ARCHITECTS PROJECT NO.:
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Process Valves	Process Valves	Start-Up & Owner Training	Weir Gate	Weir Gate	Start-Up & Owner Training	Sluice Gate 16" Opening	Silice Gage to Operating	State-Oper-Owner Training	Stad I la 8 Owner Training	Sluice Gate 20" Opening	Sluice Gats 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 NP.W	DESCRIPTION		CONTINUATION SHEET
M G.A.Rich & Sons, Inc	L G.A Rich & Sons, Inc	L RW Gate	L Williams Brothers Const. Inc.	M RW Gate	L RW Gate	L Williams Brothers Const. Inc.	M KW Cake	1	I RW Gate	L Williams Brothers Const. Inc.	M RW Gate			M GARich & Sons, Inc	L G.A Rich & Sons, Inc	M G.A Rich & Sons, Inc	L G.A Rich & Sons, Inc	M G.A.Rich & Sons, Inc	L G.A.Rich & Sons, Inc	M G.A Rich & Sons, Inc	L G.A Rich & Sons, Inc	M G.A Rich & Sons, Inc	L G.A Rich & Sons, Inc	M G.A Rich & Sons, Inc	L G.A Rich & Sons, Inc	M G.A Rich & Sons, Inc	L G.A Rich & Sons, Inc	M G.A Rich & Sons, Inc	SUBCONTRACTOR	SUPPLIER	
50,000.00	15,000.00	840.00	3,500.00	13,530.00	840.00	3,500.00	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	2,000.00	VALUE	SCHEDULED	
50,000.00			1,75			0.00		16.5	0.00	3,500.00	17,990.00			25,000.00								20,000.00	20,000.00	10,000.00	15,000.00	1,000.00	7,500.00	2,000.00	183	COM	Application No. 16 APPL. DATE: Or
		840.00			040.00	840.00			840.00																				THIS PERIOD		1
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50,000.00		T	Ī	Ī	1	1		16,590.00 10	840.00 100	3.500.00		Ī		75,000,000			Ī	T		T			T	T		T		Ī	500		DIE O
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			312316.26	+	+-	312300	_	312300																			Div. #46				Div. #43			Div. #41																			Š	TEM	CONTINUATION SHEET
			5 Rock Excavation for Utility and Trenches			Clipated Colleges Material of Carly Holoron		1 Unsuitable Foundation Material for Structures	Unit Prices		Freight	Anchor Bolts	wher Iraining	Stort I b 8 Chapter Training		9	Start-I In & Owner Training		Ü	Start-lin & Owner Training			Project Inspection and Coordination	Start-Un & Owner Training		moval Equipment		ning		Sludge Loading Pump	Process Gas and Liquid Handling, Purification, and Storage Equipment			andling Equipment	Process Valves M	Process Valves	Tank Str. 25000		Process Valves	hilding Str. 23000	Process Valves	Drocess Valves	Chemical Building Str 2000			Portable Operator M	Start-Up & Owner Training		Slide Gate	Stad I b & Owner Training	Silice Gate W	tructure	DESCRIPTION		ON SHIELE
			40 CT X \$120	30 CT X \$120	20 CA \$101 07	On Tone of Section	20 CY x \$70	550 CY x \$70			Xylem	M Xylem		Xvlem		M Xvlem	Xvlem		M Xvlem	Evoqua		Ñ Evogua	Perterson and Matz	Drydon		M Drydon		M Boerger	G.A.Rich & Sons, Inc	M Boerger	quipment		M Xylem			G.A. Rich & Sons, Inc			G.A Rich & Sons, Inc			G.A.Rich & Sons. Inc	Carried Contract	4			RW Gate			RW Gafe			SUBCONTRACTOR	SUPPLIER	
			4,000.00	4 800 00	00.000	1 000 00	1,400.00	38,500.00			6,029,00	1,330,40	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		2,000.00	2,200.00	86,795.00		1,320.00	15,782.31		111,000.00	38,000.00		70,000.00	39,000.00		10,300.00	13,500.00		11,000.00	206,502.54	4,400.00	840.00	3,500.00	18,080,00	840.00	3 500 00	18 300 00	382	SCHEDULED	1
			1,000.00	4 800 00	3 600 00	0.00	0.00	0.00			0.00	0.00	1 538 46	0.00	3,000.00	78,391.54	0.00	2,800.00	34,794.89	0.00	4,000.00	55,800.00	30,000.00	0.00	0.00	64,500.00		2,000.00	2,200.00	86,795.00		1,320.00	15,782.31		111,000.00	28,500.00		66,500.00	35,100.00		0.00	0.00		10,450.00	195,502.54	4,400.00	0.00	3,500.00	18,080.00	0.00	3.500.00	18.300.00	PREV APPL	WORK COM	APPL DATE: C
											00.025010	6 020 00		2,840.00		6,484.80	2,139.00			6,200.00					5,950.00											9,500.00		3,500.00	3,900.00		9,270.00	11,475.00		550.00			840.00			840.00			THIS PERIOD	PLETED>	ctober 31, 2023
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				4,800.00	3.600.00	0.00	0.00	0.00			0,020,00	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	00.0	5,950.00	64,500.00		2,000.00	2,200.00	86,795.00		1,320.00	15.782.31		111,000.00	38,000.00		70,000.00	39,000.00		9,270,00	11,475.00		11,000.00	195,502.54	4,400.00	840.00	3,500.00	18,080.00	840.00	3,500.00	18,300.00	& STORED	TOTAL COMPL	ARCHITECT'S PROJECT NO .:
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200 044 00				0.00	0.00	1,000.00	1,400.00	38,500.00	20 500 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	1,000.00	1,050.00	0.00		0.00	0.00	0.00		0.00	0.00		0.00	0.00		0.00	0.00		1,030.00	2,025.00		0.00	11,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TO TINISH		
247 010 10					360.00	0.00						301.45	76.92	142.00	150.00	4,243.82	106.95	140.00	1,739.74	620.00	200.00	5,580.00	3,000.00	0.00	297.50	6,450.00		100.00	110.00	4.339.75	1000 17	132.00	71.68/	700 40	5,550,00	2 550 00		3,500.00	1,950.00		463.50	573.75		550.00	9,775.13	220.00	42.00	350.00	904.00	42.00	350.00	915.00		RETAINAGE	

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TOTAL REVISED CONTRACT AMO	Total Change Orders		100	COR OS	COR 04	COR 03R1	100	COR 03	₹ 02	-	2			SURCONTRACTOR	SUPPLIER	-		
DCONTRAC	rders													9				
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4.949,558.00	19,558.00		1	(2.109.00)	13,013.00	19,450.00		2.460.00	(6,098.00	-	(7.158.00)			VALUE				
	r			-				_	_				Andrew Control of the	PREV AF	WORK COMPLE		מם מם	Application No.
4,555,601,50	4,588.00			(2,109.00)	13,013.00	4,480,00	10000	2,460.00	(6,098.00)	-	(7.158.00)			Ď	VORK COM		TE. O	n No. 16
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4.652.346.31	4,			(2.1	13,0	4,4		2,4	10,0	10.0	(2.7			& STORED	TOTAL COMPC	1	ARCHITECT'S PROJECT NO.:	PER. TO:
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6.I/	0.2.0	מני		100%	100%	2000	2050	100%	100%	1000	100%	2000	The same of the sa	Complete	à	0	TNO:	Oclober 31, 2023
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																												NO	MEM	CONTINUATION SHEET
																						Name and Advanced Control of the Con				Summary by Subcontract		DESCRIPTION		31 31
	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.	Hamis 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	SUPPLIER	
00 855 948 4	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	SCHEDULED	
_	1,247,316.37	684.95	130,507.20	88,890.00	27,860.00	-		45,067.00	30,000.00	51,879.75	15,460.00	28,379.99	373,263.00	195,502.54	52,387.45	9,750.00	50,000.00	55,800.00	47,445.50	280,690.00	64,500.00	135,799.75	163,870.00	453,000.00	88,795.00			PREV APPL	- WORK COMP	APPL, DATE:
GE 744 81	9,116.01	0.00	17,492.80	4.200.00	0.00	46,981.00	0.00	00.0	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,200.00	0.00	3,625.00	0.00	0.00	7,130.00	2,000.00	0.00			THIS PERIOD	WIPLETED>	October 31, 2023
000	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	MATERIALS	
4 657 346 31	1 256 432.38	684.95	148,000.00	93,090.00	27,860.00	953,804.00	11,930.00	45,067.00	30,000.00	51,879.75	15,460.00	28,379.99	373,263.00	195,502.54	52,387,45	9,750.00	50,000.00	62,000.00	47,445.50	284,315.00	64,500.00	135,799.75	171,000.00	455,000.00	88.795.00			& STORED	TOTAL COMPL	ARCHITECT'S PROJECT NO.:
94 00%	94%	84%					T.				100%		99%		100%	100%	100%					50%	100%	100%	100%			Complete	*	JECT NO.:
297 211.69	83,349.61	126.32	0.00	0.00	15,000,00	12,996,00	0.00	0.00	0.00	0.00	0.00	0.01	5,000.00	11,000.00	0.00	0.00	0.00	0.00	13,854.50	17,085.00	1,000.00	137,800.25	0.00	0.00	0.00			TOFINISH	BALANCE	2020
247,477.90	32,049.26	0.00	7,40			47,690.20	T						18,663.15	9,775.13			CTI		2,372.30	14,215.75	6,450.00	13,579.98	8,550.00	45,500.00	4,439.75				RETAINAGE	

Partial WAIVER OF LIEN		Application No.	16
		A Total Control of the Control of th	
STATE OF ILLINOIS} } ss.		October 31, 2023	
PEORIA COUNTY }			
TO ALL WHOM IT MAY CONCER			
WHEREAS, we the undersigned,	WILLIAMS BROTHERS CONSTRUC	CTION INC. have been employe	d by
City of Crest Hill to furnish labor a	nd/or material for the building known	as:	
East Water Reclamati	on Facility Phosphorus Removal Upg	rades	
Situated on Lot:	2250 North Broadway Street		
	Crest Hill, IL 60403		
in the City of Crest Hill, County of	Will and State of Illinois.		
Forty Four and 81/100	, That the undersigned, for and in cor	\$96,744.81	
and other good and valuable cons waive and release any and all lier under "An Act to Revise the Law in together with all amendments ther	derations, the receipt whereof is here or claim or right of lien on said above n Relation to Mechanic's Liens," appre eto and all the lien laws of the State if to or on account of the said City of C October 31, 2023	oved May 18, 1903, in force July of Illinois on account of labor or	, 1, 1903
GIVEN under our hands and sea	led this day and year first above writte	en.	
Olvervaniasi sai manasi sai		S BROTHERS CONSTRUCTION	NINC. (SEAL)
Subscribed and sworn to before n		1	and the state of t
Notáry Púlpticy	Ву:	Jacob Lee, Accountant	(SEAL)
"OFFICIAL SEAL"			
JACQUELINE M. SMI Notary Public, State of Illir My Commission Expires 12-2	nois 🖇		

Amounts requested on our Application No.

12

Project: Crest Hill Scheduled Value Previously retention net amount eamed wiAppl#10 | wiAppl#11 | wiAppl#12 | wiAppl#13 Total waivers submitted waiver due additional attached Waiver note

Compl to date
WAIVER OF LIEN LOG Amounts requested on our Application No additional Waiver 7

Evoqua Water Technologies
Glander Paving Co.
Golden Railing Ozinga Bros, Inc/Narvick
Peterson & Matz, Inc
Plas-Tanks Industries Inc. Boerger LLC Project: Crest Hill Ellitott Electric, Inc G.A. Rich & Sons, Inc. RP Coatings LAI, Ltd. Drydon Equipment Inc. Xylem Water Solutions RW Gate Company Pleasant Mount Welding, Inc. Mona Composite Mid-State Steel Co, Inc Metropolitan Pump Co. Harris Rebar Concentric Integration Concord Excavating Verdor Scheduled Value 273,600.00 65,500.00 206,502.54 378,263.00 28,380.00 11,930.00 966,800.00 42,860.00 93,090.00 301,400.00 171,000.00 455,000.00 61,300.00 88,795.00 52,387.45 50,000.00 62,000.00 30,000.00 51,879.75 15,460.00 45,067.00 9,750.00 Compl to date Previously 195,502.54 373,263.00 21,996.73 15,600.00 80,250.00 130,507.20 33,557.00 131,130.00 179,200.00 55,800.00 51,643.25 86,795.00 52,387.45 47,445.50 64,500.00 45,067.00 30,000.00 9,750.00 8,653.00 1,110.00 0.00 0.00 retention 37,326.30 2,199.67 111.00 17,920.00 4,744.55 13,113.00 56,814.20 19,550.25 5,580.00 8,679.50 3,355.70 3,000.00 13,050.72 5,238.75 6,450.00 5,164,33 4,506.70 975.00 865.30 0.00 net amount eamed 161,280,00 42,700,95 50,220,00 0,00 78,115.50 0.00 118,017.00 19,797.06 999.00 30,201.30 27,000.00 40,560.30 335,936.70 8,775.00 47,148.71 511,327.80 175,952.29 46,478.93 58,050.00 14,040.00 7,787.70 w/Appl # 10 | w/Appl # 11 21,555.00 58,323.60 70,920.00 1,536.75 10,098.00 13,500.00 16,000.00 42,701.40 83,826.00 10,098.00 4,099,50 1,800.00 w/Appl # 12 | w/Appl # 13 23,400.00 54,495.00 40,560.30 335,936.70 72,225.00 24,475.05 35,774.10 1,962.90 3,203,50 Total waivers submitted 7,787.70 511.327.80 0.00 82,323.00 41,005.80 170,372.29 335,936.70 32,620.00 81,342.00 46,478.92 58,050.00 112,500.00 58,900.00 78,115.50 33,102.75 42,701.40 40,560.30 13,500.00 8,775.00 999.00 0.00 0.00 waiver due 14,040,00 (10,098.00) (12,822.94 48,780.00 36,675.00 13,500.00 (2,901.45 5,580.00 (8,680.00 6,142.90 (0.45 0.00 0.00 0.00 0.01 0.00 0.00 0.00 14,040.00 26,871.00 13,500.00 5,580.00 115,937.00 36,675.00 attached 52,387.45 Final on 16 note

PARTIAL WAIVER OF MECHANICS LIEN AND PAYMENT BOND CLAIM	3165553
State of Mines 5	
County of	
TO ALL WHOM IT MAY CONCERN:	
WHEREAS, the undersigned, Concord Excavaling Enterprises has Brothers Construction Inc to furnish labor and/or materials including both oral or written change orders), according to plans and specificat amended orally or in writing, for the premises and project known as: Crst Hill Est WRF Phs Remvl Upon	zions, as may have been
which City of Crest Hill is the owner.	Ilinois (the "Project") of
NOW THEREFORE, THE UNDERSIGNED, who represents that he/she is execute this Partial Waiver of Mechanics Lien and Payment Bond Claim: *36* thousand *675* dollars and no cents \$36,675.00 and other good and valuable considerations, the receipt whereof is her does hereby waive and release: (a) any and all lien or claim or right of lien under the State of Illinois relating to Liens Against Public Funds on the monies warrants due or about to become due from the owner on account of labour material, fixtures, apparatus, equipment or machinery heretofore furniundersigned for the above described premises; and (b) any and all claims or rights under any payment bond furniundersigned for the above described premises; and Williams Brothers Construction Inc. covering said project or under the Public Construction Bond Act, as now or hereafter amended, to the extendation above and not for any other dollar amount. Given under our hand and seal this day of Catabase. Given under our hand and seal this day of Catabase.	reby acknowledged, tutes of the s, bonds or r or services, ished by the ished by e Illinois ent said
By: Title: Teesdent	Rerprises
State of Will Subscribed and sworn to before me this 16 Cay of Colons Notary Public	2023

OFFICIAL SEAL LISA M FUNKE-KLIMASARA NOTARY PUBLIC, STATE OF ILLINOIS WILL COUNTY MY COMMISSION EXPIRES 11/09/2024

WAIVER OF LIEN TO DATE

	SS		Gty#_		
COUNTY OF GRUNDY			Escrow #		
TO WHOM IT MAY CONCERN:	Will	IAMS BROTHERS	200,011 11 _		
WHEREAS the undersigned has been		TRIC			
o furnish		ST HILL WRF			
or the premises known as of which		OF CREST HILL			is the owner.
THE undersigned, for and in conside		The same of the control of the contr	ollars & no/100		
(\$ 31,446.00) Dollars, do(es) hereby waive and release an relating to mechanics' liens, with rethe material, fixtures, apparatus or induction the owner, on account of a undersigned for the above-described	y and all lien or claim of, or spect to and on said above nachinery furnished, and on all labor services, material, f	e-described premises, and the hithe moneys, funds or other fixtures, apparatus or machin	es of the State of improvements the considerations du	nereon, and on ne or to become	
DATE November 1, 2023	COMPANY NAME	ELLIOTT ELECTRIC INC			
	ADDRESS , F	O BOX 245 COAL CITY, IL	60416	\	
	1/400	anny Mills			
SIGNATURE AND TITLE * Extras include but are not limited t	to change orders, both oral:	and written to the contract.			
Extras include but are not innited t					
STATE OF ILLINOIS	SS	OR'S AFFIDAVIT			
COUNTY OF GRUNDY	J				
TO WHOM IT MAY CONCERN:				heing duly s	worn, deposes
	IDSAY MILLS			being duly s	WOTH, depende
and days are me	SIDENT IOTT ELECTRIC INC				who is the
	CTRIC			work	on the building
located at		****,			90
owned by CITY	Y OF CREST HILL				
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	ct including extras* is \$ this payment. Ind genuine and delivered un illowing are the names and its or sub contracts for specidue to each, and that the ite	acconditionally and that there is	s no claim either i have furnished m or material enterio	egal or equitable a aterial or labor, or a into the constru	to defeat the both, for said ction thereof
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WAIVER OF LIEN TO DATE

COUNTY OF GRUNDY	SS		Gty # _		
O WHOM IT MAY CONCERN:			Escrow # _		
VHEREAS the undersigned has been	en employed by Wi	LLIAMS BROTHERS			
o furnish		ECTRIC			
or the premises known as	CF	REST HILL WRF			
f which		TY OF CREST HILL			s the owner.
HE undersigned, for and in conside	eration of Twenty Two	housand, Eight Hundred Dollars &	no/100	28	
\$ 22,800.00) Dollars, do(es) hereby waive and release an elating to mechanics' liens, with rehe material, fixtures, apparatus or ridue from the owner, on account of a undersigned for the above-described	y and all lien or claim of, spect to and on said abo machinery furnished, and all labor services, materia	ove-described premises, and the on the moneys, funds or other o il, fixtures, apparatus or machino	es of the State of improvements the considerations du	nereon, and on e or to become	
DATE November 1, 2023	COMPANY NAME	ELLIOTT ELECTRIC INC	n		
	ADDRESS /	PO BOX 245 COAL CITY, IL	50416		
AND THE	110	namy Mills			
SIGNATURE AND TITLE * Extras include but are not limited t	to change orders, both or	al and written to the contract.			
The second second second					
STATE OF ILLINOIS	SS	TOR'S AFFIDAVIT			
COUNTY OF GRUNDY	J				
O WHOM IT MAY CONCERN:	DOAY MILLO			being duly s	worn, deposes
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	CTRIC			work	on the buildin
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WAIVER OF LIEN TO DATE

COUNTY OF GRUNDY	SS		Gty#_		
	J		Escrow #		
O WHOM IT MAY CONCERN:	1870	HAMO BROTHERS	230/01/11	A TOTAL STREET	
VHEREAS the undersigned has been		LIAMS BROTHERS CTRIC			
o furnish		ST HILL WRF			
or the premises known as of which		Y OF CREST HILL			s the owner.
HE undersigned, for and in conside			lars & no/100		
\$ 10,823.00) Dollars, do(es) hereby waive and release an relating to mechanics' liens, with rethe material, fixtures, apparatus or ridue from the owner, on account of a undersigned for the above-described	and other good and valua y and all lien or claim of, o spect to and on said abov machinery furnished, and o all labor services, material,	ble considerations, the receipt r right to, lien, under the statut e-described premises, and the in the moneys, funds or other of fixtures, apparatus or machine	whereof is hereb es of the State of improvements the considerations du	nereon, and on e or to become	
DATE November 1, 2023	COMPANY NAME	ELLIOTT ELECTRIC INC			
	ADDRESS	PO BOX 245 COAL CITY, IL	30416		
	1000	my Mills			
SIGNATURE AND TITLE * Extras include but are not limited t	VV IV M				53E -
Extras fricidde but are flot infinted t		OR'S AFFIDAVIT			MT X
	DSAY MILLS	. 77		being duly sv	worn, deposes
of ELLI	IOTT ELECTRIC INC				who is the
contractor furnishing ELE	CTRIC			work	on the building
located at		The second secon	4-1-	£ 4,000 - 10	
	Y OF CREST HILL		19-14 APPLY	W. C. S. L.	
That the total amount of the contract	ct including extras* is \$	315,310.00	on which he ha		
\$ 217.614.00 prior to	this payment.			s received payme	
\$	this payment. Indigenuine and delivered upollowing are the names and to or sub contracts for specture to each, and that the if	nconditionally and that there is addresses of all parties who h	ono claim either land nave furnished ma r material enterin	egal or equitable t aterial or labor, or g into the construc	o defeat the both, for said ction thereof
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FINAL WAIVER OF MECHANICS LIEN AND PAYMENT BOND CLAIM	3108553
State of INDIANA)	
County of DEKALB	
TO ALL WHOM IT MAY CONCERN:	
WHEREAS, the undersigned, NUCOR Harris Rebar Brothers Construction Inc to furnish labor and/or mat both oral or written change orders), according to pla amended orally or in writing, for the premises and pr Crst Hill Est	erials including all extra work (including ons and specifications, as may have been
Located at Crest Hill, IL , County of Will which City of Crest Hill is the owner.	and State of Illinois (the "Project") o
NOW THEREFORE, THE UNDERSIGNED, who represent execute this Final Waiver of Mechanics Lien and Paymer *52* thousand *387* dollars and other good and valuable considerations, the recommendations.	and 45 cents \$52,387.45
does hereby fully and finally waive and release: (a) any and all lien or claim or right of li State of Illinois relating to Liens Against Public Fu warrants due or about to become due from the owner or material, fixtures, apparatus, equipment or machinery undersigned for the above described premises; and (b) any and all claims or rights under any public Construction Bond Act, as now or hereafter among	ands on the monies, bonds or account of labor or services, y heretofore furnished by the payment bond furnished by oject or under the Illinois
Act is applicable.	
Given under our hand and seal this 27th day or	October , 20 <u>23</u> .
Ву:	DR Harris Rebar Midwest LLC Le: Casey Stafford, Oredit Manager
State of INDIANA County of DEKALB	
Subscribed and sworn to before me this 27th day of O	ctober, 2023
Notary Public	



CHARLENE CRAGER, Notary Public Oekaib County, State of Indiana Commission Number NP0734562 My Commission Expires June 30, 2029

PARTIAL WAIVER OF MECHANICS LIEN AND PAYMENT BOND CLAIM	3163553
State of <u>Alinois</u>)	
County of Cook)	<i>p</i>
TO ALL WHOM IT MAY CONCERN:	
WHEREAS, the undersigned, LAI, Ltd. Brothers Construction Inc to furnish labor and/or materials includi both oral or written change orders), according to plans and specifi amended orally or in writing, for the premises and project known as Crst Hill Est WRF Phs Remvl	s:
Located at Crest Hill, IL , County of Will and State of which City of Crest Hill is the owner.	f Illinois (the "Project") of
NOW THEREFORE, THE UNDERSIGNED, who represents that he/she execute this Partial Waiver of Mechanics Lien and Payment Bond Clair *5* thousand *580* dollars and no cents \$5,580.00 and other good and valuable considerations, the receipt whereof is does hereby waive and release: (a) any and all lien or claim or right of lien under the State of Illinois relating to Liens Against Public Funds on the mor warrants due or about to become due from the owner on account of lamaterial, fixtures, apparatus, equipment or machinery heretofore fundersigned for the above described premises; and (b) any and all claims or rights under any payment bond fulliams Brothers Construction Inc. covering said project or under Public Construction Bond Act, as now or hereafter amended, to the Act is applicable. This Release shall apply only to the extent of consideration above and not for any other dollar amount. Given under our hand and seal this	hereby acknowledged, Statutes of the nies, bonds or abor or services, urnished by the urnished by the Illinois extent said
LAI, Ltd By: Title: Vice Pro	sident
State of Cook Subscribed and sworn to before me this low cay of October a Notary Public	023

PARTIAL WAIVER OF MECHANICS LIEN AND PAYMENT BOND CLAIM
State of Mindis)ss
County of Grundy)ss
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 *17* thousand *454* dollars and no cents \$17,454.00 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. Given under our hand and seal this day of September , 2023.
Narvick Brothers Red-Mix By: Dianes Vacant
State of Mindis County of Cavundy
Subscribed and sworn to before me this 15th day of September, 2023
Notary Public

OFFICIAL SEAL AMBER M MISKELL Notary Public, State of Illinois My Commission Expires 3-22-27

PARTIAL WAIVER OF MECHANICS LIEN AND PAYMENT BOND CLAIM 2
State of Illinois
County of Grundy)ss
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 Eight hundred four dollars and no cents \$804.00 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. Given under our hand and seal this 13th day of September , 20 23
Narvick Brothers Red-Mix By: Souther Herry Title: Seles Manager State of Minoi 5
County of Avundy

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

OFFICIAL SEAL AMBER M MISKELL Notary Public, State of Illinois My Commission Expires 3-22-27

Notary Public

PARTIAL WAIVER OF MECHANICS LIEN AND PAYMENT BOND CLAIM
State of Winois
County of Grundy)ss
TO ALL WHOM IT MAY CONCERN:
WHEREAS, the undersigned, Narvick Brothers Rcd-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 the state of the state of the 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 14th day of September, 20 23
Narvick Brothers Red-Mix By: Sales Marager
State of Minois County of Grundy

Subscribed and sworn to before me this 4th day of September, 2023.

OFFICIAL SEAL AMBER M MISKELL Notary Public, State of Illinois My Commission Expires 3-22-27

Notary Public

PARTIAL WAIVER OF MECHANICS LIEN AND PAYMENT BOND CLAIM
State of Minois
County of Grundy)ss
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 *7* thousand *290* dollars and no cents \$7,290.00 and other good and valuable considerations, the receipt whereof is hereby acknowledged,

uthorized to give and and in consideration of y 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 15th day of August

Narvick Brothers Red-Mix

By: James James T Title:

State of Minois
County of Grundy

Subscribed and sworn to before me this 5th day of August, 2023

Notary Public

OFFICIAL SEAL AMBER M MISKELL Notary Public, State of Illinois My Commission Expires 3-22-27

PIAL WAIVER OF MECHANICS LIEN AND PAYMENT BOND CLAIM 3170553
ce of Ilines)
nty of Kane
ALL WHOM IT MAY CONCERN:
WHEREAS, the undersigned, Peterson & Matz, Inc. has been employed by Williams thers Construction Inc to furnish labor and/or materials including all extra work (including noral or written change orders), according to plans and specifications, as may have been noted orally or in writing, for the premises and project known as: Crst Hill Est WRF Phs Remvl Upg
ated at Crest Hill, IL , County of Will and State of Illinois (the "Project") of ch City of Crest Hill is the owner.
NOW THEREFORE, THE UNDERSIGNED, who represents that he/she is authorized to give and cute this Partial Waiver of Mechanics Lien and Payment Bond Claim for and in consideration of *13* thousand *500* dollars and no cents \$13,500.00 other good and valuable considerations, the receipt whereof is hereby acknowledged, s hereby waive and release: (a) any and all lien or claim or right of lien under the Statutes of the te of Illinois relating to Liens Against Public Funds on the monies, bonds or rants due or about to become due from the owner on account of labor or services, erial, fixtures, apparatus, equipment or machinery heretofore furnished by the ersigned for the above described premises; and (b) any and all claims or rights under any payment bond furnished by liams Brothers Construction Inc. covering said project or under the Illinois lic Construction Bond Act, as now or hereafter amended, to the extent said is applicable. This Release shall apply only to the extent of consideration paid as recited we and not for any other dollar amount.
en under our hand and seal this 13th day of Ottober , 2023.
Peterson & Matk, Inc. By: Title: VP/Startage Discribed and sworn to before me this 13th day of October, 2023 Notary Public
other good and valuable considerations, the receipt whereof is hereby acknowledged, s hereby waive and release: (a) any and all lien or claim or right of lien under the Statutes of the te of Illinois relating to Liens Against Public Funds on the monies, bonds or rants due or about to become due from the owner on account of labor or services, erial, fixtures, apparatus, equipment or machinery heretofore furnished by the ersigned for the above described premises; and (b) any and all claims or rights under any payment bond furnished by liams Brothers Construction Inc. covering said project or under the Illinois lic Construction Bond Act, as now or hereafter amended, to the extent said is applicable. This Release shall apply only to the extent of consideration paid as recited we and not for any other dollar amount. The under our hand and seal this

1-4:

PARTIAL WAIVER OF MECHANICS LIEN AND PAYMENT BOND CLAIM
State of)
County of MacISON
TO ALL WHOM IT MAY CONCERN:
WHEREAS, the undersigned, RP Coatings, 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 Fourteen thousand forty dollars and no cents \$14,040.00 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.
Given under our hand and seal this 2 day of NOV , $20\overline{23}$.
MOLLY H. GEREMIA OFFICIAL GEAL Notary Public - State of Illinois My Commbulae Explore FCb 82, 2026 Title:
State of
Subscribed and sworm to before me this NOV. 2, 2023



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

Invoice

November 13, 2023

Project No: 3894.038 Invoice No: 0204341

Invoice No

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

Project: 3894.038 East ST

East STP P Improvements Contract

Administration

Description of Work: Project Coordination, Reviewing Pay Apps, Disbursement Requests, Performing Construction Observation, and Partial Utilization Walkthrough

Professional Services from October 1, 2023 through October 31, 2023

Total Earned 171,470.00
Previous Fee Billing 163,940.00
Current Fee Billing 7,530.00

Total this Project \$7,530.00

90.29

Contract Amount 204,500.00

Total Billings to Date 171,470.00

Project: 3894.040 East STP P Improvements RPR

Professional Personnel

Computer

	<u>Hours</u>	Rate	<u>Amount</u>	
ENGINEER				
	7.50	267.82	2,008.65	
	4.50	144.81	651.65	
	1.50	119.65	179.48	
TECHNICIAN				
	17.00	165.65	2,816.05	
ADMINISTRATIVE				
	.75	113.95	85.47	
	31.25		5,741.30	
Total Labor				5,741.30
Expenses				
Mileage			56.49	

Project	3894.038	East STP P Improvements Contra	act Invoice	0204341
	Total Ex	rpenses	Total this Project	146.78 \$5,888.08
Contract	Amount	158,400.00		
Total Bill	ings to Date	102,236.24		
			Total this Invoice	\$13,418.08

Expenses Posted in Period from 10/1/2023 to 10/31/2023

STRAND ASSOCIATES, INC.

Date: 11/13/2023

Project	Client	Project Name	Date	# miles	949 Mile Amt		Bus Meals & Ent	Oth Code	Other Amt	Business Reason & Description	eReceipt orrection Totals
3894.040	Crest Hill, City of (IL)	East STP P Improvements	10/03/23	15.00	S \$10.73					travel	\$10.73
3894.040	Crest Hill, City of (IL)	East STP P Improvements	10/05/23	15.00	S \$10.73					travel	\$10.73
3894.040	Crest Hill, City of (IL)	East STP P Improvements	10/10/23	15.00	S \$10.73					travel	\$10.73
3894.040	Crest Hill, City of (IL)	East STP P Improvements	10/13/23	15.00	S \$10.73					travel	\$10.73
3894.040	Crest Hill, City of (IL)	East STP P Improvements	10/27/23	15.00	S \$10.73		-			travel	\$10.73
			Totals:	75.0	0 \$53.63	\$0.00	\$0.00		\$0.00		\$53.63

Page 1 of 2 Employee: Thad Kreitz - JO Emp #: 6007

Expenses Posted in Period from 10/1/2023 to 10/31/2023

STRAND ASSOCIATES, INC.

Project	Client	Project Name	Date	# miles	949 Mile Amt	Trvl Meals Amount	Bus Meals & Ent	Oth Code	Other Amt	Business Reason & Description	Totals	Receipt
3894.040	Crest Hill, City of (IL)	East STP P Improvements	10/16/23	4.00 S	\$2.86					Crest Hill East RPR - From Crest Hill West Plant to East Plant	\$2.86	
			Totals:	4.00	\$2.86	\$0.00	\$0.00		\$0.00		\$2	2.86

Page 2 of 2 Employee: Arthur Willis - JO Emp#: 7668

Date: 11/13/2023

СС

Computer Billing from 10/1/2023 to 10/31/2023

Sorted by Office, by Employee with Project Detail.

Billable Jobs

Projects: 3894.040

Total Billings

JOLIET Office		
6007	Kreitz, Thad	
	3894040	\$33.62
6007	Billing Totals for Kreitz, Thad	\$33.62
7236	Gattone, Dominic	
	3894040	\$37.66
7236	Billing Totals for Gattone, Dominic	\$37.66
7668	Willis, Arthur	
	3894040	\$7.92
7668	Billing Totals for Willis, Arthur	\$7.92
JOLIET Billing To	\$79.20	
LEXINGTON Office		
2385	Willey, Cindy	
	3894040	\$2.29
2385	Billing Totals for Willey, Cindy	\$2.29
LEXINGTON Billin	g Totals	\$2.29
MILWAUKEE Office	e	
7344	Lehrmann, Sam	
	3894040	\$8.80
7344	Billing Totals for Lehrmann, Sam	\$8.80
MILWAUKEE Billin	ng Totals	\$8.80
Total Billings for th	is Report	\$90.29

Illinois Works Apprenticeship Initiative Periodic Grantee Report

Organization Name	Oity 01 0100t 1		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 Period: Period Start Date 10/1/23 Period End Date 10/31/23									
Applicable	Apprenticeship Goal (Selec	ct all that app	oly):						
✓ 10% total p	roject cost 🔲 10% total state con	tribution only							
☐ Waiver Approved by IL DCEO IL DCEO Waiver Approval Date (If a waiver was granted for any prevailing wage classification, the Grantee does not need to report on those classifications on this form.)									
Reduction Approved by IL DCEO IL DCEO Reduction Approval Date (If selected, enter the applicable prevailing wage classification(s) and approved reduced percentage(s).)									

Prevailing Wage Classification	Reduced Percentage	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 the state 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	11.5	11.5	0	867.5	169	19.48	
Laborers	140	0	0	1493	0	0	Not enough work to add employee
Electricians	70	0	0	1524	374	24.54	Not enough work to add another employee
Pipe Fitters	0	0	0	317.5	0	0	No work this month
Carpenter	78	0	0	725	8	1.1	Only one employee
Finisher	0	0	0	94.5	0	0	No work this mouth
Painter	8	0	0	221	0	0	Only one employee
Iron Worker	0	0	0	0	0	0	No work this month
Plumber	100	8	8	1047	339.5	32.42	
Teamster	0	0	0	62	0	0	No work this month
Tester	49	0	0	98	0	0	Only one employee
Boilermaker	0	0	0	370	0	0	No work this month

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 the state 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	56	0	0	329.5	0	0	Only one employee		
Cement Mason	0	0	0	61	0	0	No work this month		

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	Finance Director
Printed Name (Executive Director or equivalent):	Title (Executive Director or equivalent):
Signature (Executive Director of equivalent):	11/29/2023 Date/Time Field
2. State Agency Acknowledgement:	
State Agency	
Printed Name	Title
Signature:	Date/Time Field



Case #: 23-CTP-304934

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
9/21/2023 to 9/27/2023	2250 N BROADWAY ST
Contractor Number Or FEIN	CREST HILL IL 60403
370971367	
Project Number or Name	State Capital Funds
Crest Hill	No
Agency	And the location of the Control of t
Not a State Agency	

ontractor Location
D BOX 1366
EORIA IL 61654
econdary Email
econdary Phone
E(

Public Body Name	Public Body Address
Crest Hill	2250 N BROADWAY ST
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
0	0
Contact Name 000	CREST HILL IL 60403

			76 <u>1</u> 44 14 1 1 1 1 1									
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	ender	V-Veter	J-Journeyman			F-Foreman				A-Apprentice	

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

						ar Aleit												
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs		Dub Tim Hrs		OT Wage Rate	Dbi Tim Wage	Gross	Net	No Wor k	
CORY JHAMME RSTEIN	Р	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00	0.00	50.40	0.00	0.00	403.20	1548.93		
	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		
THE COLUMN TWO IS NOT	Pension		15.91		Healt	h	17.37		Vacation	0.00		Training	0.91					

WILIVAL	Р	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00	0.00	48.90	0.00	0.00	391.20	1444.09	
DO	1]							
PANTOJA																	
	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	
Pension 15.91		-	Health	1	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

Oct 31, 2023



Case #: 23-CTP-304942

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

Payroli Date	Project Location
9/28/2023 to 10/4/2023	2250 N BROADWAY ST
Contractor Number Or FEIN	CREST HILL IL 60403
370971367	
Project Number or Name	State Capital Funds
Crest Hill	No
Agency	The state of the s
Not a State Agency	

Contractor Location
PO BOX 1366
PEORIA IL 61654
And Contact Statement of Statement and Contact
Secondary Email
0
Secondary Phone

Public Body Name	Public Body Address
Crest Hill	2250 N BROADWAY ST
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
O	0

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	ender	V-Veter	J-Journeyman			F-Foreman				A-Apprentice			

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

But 185																	
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbi Tim Wage		Net	No Woi k
CORY JHAMME RSTEIN	Р	8.00	8.00	8.00	0.00	8.00	0.00	0.00	32.00	0.00	0.00	50.40	0.00	0.00	1612.80	1548.92	
	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	
Proceedings of the Section Co. Co.	Pen	sion	15.91		Healt	h	17.37	,	Vacation	0.00	•	Training	0.91		<u> </u>	<u> </u>	
WILIVAL DO PANTOJA	Р	8.00	8.00	8.00	0.00	8.00	0.00	0.00	32.00	0.00	0.00	48.90	0.00	0.00	1564.80	1444.09	
	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	_			

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

Oct 31, 2023



Case #: 23-CTP-305012

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
10/5/2023 to 10/11/2023	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	The same and the graduate finding to a bright to the first transfer to the same and
Primary Email	Secondary Email
cp@wbci.us	0
Primary Phone	Secondary Phone
3096880416	The Control of the Co
3096880416	

The state of the s	
	Public Body Address
Crest Hill	2250 N BROADWAY ST
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
O	0
The state of the s	The second secon

7 .					rie Milanti ir								
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	
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	G-G	ender	V-Veter	J-Journeyman			F-Foreman			A-Apprentice			

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

	•		. Latinisti							- 1. 4 a A : 5 : 15					Handaha Handara Hana		
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
CORY JHAMME RSTEIN	P	8.00	8.00	8.00	0.00	4.00	0.00	0.00	28.00	0.00	0.00	50.40	0.00	0.00	1411.20	1115.58	
	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	P	8.00	8.00	8.00	0.00	4.00	0.00	0.00	28.00	0.00	0.00	48.90	0.00	0.00	1369.20	1023.64	
The Talent of the Land of the State of Land of the State	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	15.91		Healt	h	17.37		Vacation	0.00		Training	0.91			<u> </u>	

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

Oct 31, 2023



Case #: 23-CTP-304943

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

CERTIFIED TRANSCRIP	1 OT 1 / THOSE I OTHER
Payroll Date	Project Location
10/12/2023 to 10/18/2023	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	
page to the process of the contract of the con	
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	NO PRINCIPAL COLUMN PRINCIPAL PRINCIPAL COLUMN COLU
Public Body Name	Public Body Address
Crest Hill	2250 N BROADWAY ST
Contact Name	CREST HILL IL 60403
000	
Primary Phone	Secondary Phone
0	0

Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	Α	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	
The management control care of the control care	G-G	ender	V-Veter	J-Journeyman			F-Foreman				A-Apprentice		

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

				:											Opinganika mere Yang dipada		4
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	Р	0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	50.40	0.00	0.00	100.80	971.14	
	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 form being a full with sub-law upp a same dealbroads	Pen	sion	15.91		Healti	h	17.37		Vacation	0.00		Training	0.91				
Wilival Do Pantoja	Р	0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	48.90	0.00	0.00	97.80	883.50	
	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	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

Oct 31, 2023

VILLAGE OF CREST HILL WRF PHOSPHORUS REMOVAL 2250 N BROADWAY CREST HILL, IL 60403

ELLIOTT ELECTRIC, INC. 1600 SOUTH BROADWAY P. Q. BOX 245 COAL CITY, IL 60416

Outtomer WILLIAMS BROTHERS CONST INC PO BOX 1366 PEORIA, IL 61654

Job Number: 22-40 Week Ending: 10/1/2023

		Soc Sec No.			tilekana (19)	aliand weep v					- Deductions	cat
Nan	ne / Address / Phone	Class Mar Exemp.	09/25 Mon	09/26 Tue	09/27 09/28 Wed Thu	rked This Jo 09/29 Fri	09/30 10/ Sat Su		Pay Rate	Gross Pay This Job All Jobs	Fica () Med	her Check#
TER 133 800	RANCE ARTHUR HEINZE IR KATHY DRIVE IRBONNAIS, IL 60914 5) 693-1925	I.B.E.W. / 176 (R: 4.000 SENERVAL D: 0.000	FOREMAN	4.000 6.00 0.000 0.00		0.000 0.0	000 26.000 000 0.000	60.320 +45.821FR 0,000 +0.000FR	1568.32 2292.16 38hrs		1650.92
		Fringe A Rate Arhount	PPR 176 1.350 35,10	DECP 176 7,000 182,00	17,340	LMCC 176 0.130 3.38	LOCP 176 13,000 338,00	NEBF 176 1,810 47.05	NECA 176 0.302 7.84	NNMC 176 0:130 3:38	SUB 176 4.760	Total 45.821
		Deduction D Amount	UES 176 80.23	PAC 176 2.29		Total 139.52					22,00	1,191.35
302 3011	QUTEL M LEAL HYDE PARK ET, 11 60436) 714-8740	****** 7020 I I.B.E.W. / SOUN Single I (HISPANIC Male	t: 0.000 Ditechni D: 0.000	CIAN FR	0.000 2.00X 0.000 0.600	्राप्त करा. १ १ १	0.000 0.0		52,000 +36,970FR 0.008 +0.000FR	104:00 1352:00 26hrs	186.16 0, 80.83 48, 18.90 62.22 396.	955,53
		Fringe V Rate Amount	DV AMF 0,210 0,42	VOV APP 0,790 1,50	6.050	VDV H&W 16.890 33.78	VDV L PE 8:760 17:52	VDV LMCC 0.120 0.24	VDV NEBP 1.560 3.12	VDV NECA 0.260 0.52	VDV SUB 2,370 4,74	Total 36.970 73.94
		Deduction VD Amount	V DUES 47.32	VDV PAC 1.04								
	Regu Owertin		:::: <u>-</u>	,672.32 0.00 ,672.32								

I, Courtney Schultz, Office Manager do hereby state:

1] That I pay or supervise the payment of the persons employed by ELLIGIT ELECTRIC, INC. on the (JCB) that during the payroll period commencing on 9/25/2023 and ending 10/1/2023, 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 ELLIGIT 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 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. 967; 76 Stat. 357; 40 U.S.C. 276c), and described

3) That any apprendices employed in the above period are duly registered in a bona fide apprendiceship program registered with a State apprendiceship 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.

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

XX--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

amount not 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.
(d) EXCEPTION (CRAFT) EXPLANATION

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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 appropriate employed in the above perford are duly

VILLAGE OF CREST HIL WRF PHOSPHORUS REMOVAL 2250 N BROADWAY CREST HILL, IL 60403

ELLIOTT ELECTRIC, INC. 1600 SOUTH BROADWAY P. O. BOX 245 COAL CITY, 1L 50415

Customer WILLIAMS BROTHERS CONST INC PO BOX 1366 PEORIA, 11 61654

Job Number: 22-40 Week Ending: 10/8/2023

	Soc Sec No.					- Deductions Fed Local
Name / Address / Phone	Class Mar Exemp.	10/02 10/03 Mon Tue	10/04 10/05 10/06 Wed Thu Fri	00	Gross Pay Pay This Job Rate All Jobs	Floa Other Check # Med State Telm Not the
TERRANCE ARTHUR HEINZE 133 KATHY DRIVE BOURBONNAIS, 11 60914 (915) 693-1925	R *** 3142 R LB.EW. / 176 G Married 0 O Male	: 8,000 8.000 ENERAL FOREMAN : 0.000 0.000	8.000 0.000 0.000 0.000 0.000 0.000	0.000 0.000 24,000 0.000 0.000 0.000	60.320 1447.68 +45.821FK 0.000 1447.68	120.53 0.00 V4547 64.29 88.12 19.71 1067.73
	Fringe AP Rate Amount	PR 176 DECP 176 1.350 7,000 32.40 168.00		13.000 1.810	+0:000FR 24hrs NECA-176 NNMC 176 0:302 0:130 7:24 3:12	AAA WAA I I DEGI
	Deduction DU Amount Hours Legular 24,000	E5 176 PAC 176 50.67 1.49 Pay 1,447,68	5 SAV 176 Total 5 36.00 85:12			

24 Oro

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 10/2/2023 and ending 10/8/2023, 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 or 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 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 helow:

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.

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.

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

XX-In addition to the basic hourly wage rates peld 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 BENEFIT'S ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not 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 REMARKS Name and title signature Courtney Schultz, Office Manager _____ The Willful Faisification Of Any Of The Above State Criminal Prosecution. See Section 1001 Of Title 18 And Section 23 or SubContractor To Civil Or e United States.

VILLAGE OF CREST HILL WRF PHOSPHORUS REMOVAL 2250 N BROADWAY CREST HILL, IL 60403

Contractor ELLIOTT BLECTRIC, INC. 1600 SOUTH BROADWAY P. O. 80X 245 COAL CITY, IL 60416

Oustomer WILLIAMS BROTHERS CONST INC PO BOX 1366 PEORIA, IL 61654

Job Number: 22-40 Week Ending: 10/15/2023

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		Fringe A Rate Amount	PPR 176 1.350 2.70	DECP 176 7,000 14,00	17.340	LMCC 176 0.130 0.26	13.0		BF 176 1.810 3.62	NECA 176 0,300 0.60	NNMC 176 0,130 0,26	SUB 176 4.760 9.52	Total 45.820 91.64
		Deduction Di Amount	JES 176 84.45	PAC 176 2.41		Total 145.86				i. Natio			
	EZEQUIEL M LEAL 302 HYDE PARK XOLIET, 11. 60436 (815) 714-8740	***:**-7020 R LB.E.W. / SOUN Single 1 C HISPANIC Male		CIAN FR	3.000 0.000 0.000 0.000	11000	0.000	0.000	3.000 0.00p	52,600 +36,967FR 0,000 +0,000FR	156.00 884.00 17hrs	52.85 3 12.36	0:00 V4586 1:62 641.27 2.73
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		Deduction VD Amount	V DUES 30.94	VDV PAC 0.68									
	Regs Overti			Pay 276.64 0.00 276.64									

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 10/9/2023 and ending 10/15/2023, 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 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 CFR 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. 276c), and described below:

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.

3] That any apprentices employed in the above period are duly

registered in a bone 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. That:

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

XX:—In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe beneats 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

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable bar

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Name and title signature Courtney Schultz, Office Manager The Willful Faisification Of Any Of The Above Statements May Sub Or SubContractor To Civil Or Criminal Prosecution. See Section 1001 Of Title 18 And Section United States,

VILLAGE OF CREST HILL WRF PHOSPHORUS REMOVAL 2250 N BROADWAY CREST HILL, IL 60403

ELLIOTT ELECTRIC, INC. 1600 SOUTH BROADWAY P. O. BOX 245 COAL CITY, IL 60416

WILLIAMS BROTHERS CONST INC PO BOX 1366 PEORIA, IL 61654

Job Number: 22-40 Week Ending: 10/22/2023

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		ress / Phone 	Soc Sec No. Class Mar Exemp.	10/16 Mon	10/17 Tue	Hours V 10/18 10/ Wed Th		05 10/21 Sat	10/22 Siun	Tot	Pay Rate	Gross Pay This Job All Jobs	Fled. Flica Med State	Local Other Total	Check #
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			Fringe (Rate Amount	VDV AMF 0.208 1.25	VDV APP 0,750 4.50	VDV DEC 6,050 36,30	VDV H&W 16.890 101.34	VDV L 8.7 52.	60	UMCC 0.120 0.72	VDV NEBF 1.560 9.36	VDV NECA 0.260 1.56	VDV 50 2.37 14.2	0 3 6 ,	
			Deduction VI Amount Hours	OV DUES 54.60	VDV PAC 1.20	Total 55,80									
		Rie Gyei	gular 13.000		Pay 734,24 0.00 734.24										

I, Courtney Schultz, Office Manager do hereby state:

I) That I pay or supervise the payment of the persons employed by ELLIOTT ELECTRIC, INC. on the (JOB) that fund the payroll period commending on 10/16/2023 and ending 10/22/2023, 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 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 CFR 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. 276c), and described below:

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.

4) That:

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

PROGRAMS

XX—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.

(B) WHERE PRINGE BENEFITS ARE PAID IN CASH—Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not 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. as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

EXPLANATION REMARKS

Name and title signature Courtney Schultz, Office Manager The Willful Falsification Of Any Of The Above Statements May Criminal Prosecution. See Section 1001 Of Title 18 And Section 231 Of

Subject Tips 231 Of Titl Contractor To Civil Or States.

^{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.

VILLAGE OF CREST HILL WRF PHOSPHORUS REMOVAL 2250 N BROADWAY CREST HILL, 11, 60403

ELLIOTT ELECTRIC, INC. 1600 SOUTH BROADWAY P. O. BOX 245 COAL CITY, IL 60416

Customer WILLIAMS BROTHERS CONST INC PO BOX 1366 PEORIA, IL 61654

Job Number: 22-40 Week Ending: 10/29/2023

Name / Address / Phone	Soc Sec N	o. 10/25 10/24 http://mon. Tue	Hours Worked This 10/25 10/26 10/27 Wed Thu Fri	Gross Pay Pay This Job Rate All Jobs	Derkictions Fed. Local Fica Other Check.# Med. State Total Net Page
	1 1. 1111.11.11	Hours Pay 0.000 0.00 0.000 0.00 0.000 0.00			

I, Courtney Schultz, Office Manager do hereby state:

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 10/23/2023 and ending 10/29/2023, 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 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 CFR 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. 276c), and described

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.

That any apprentices employed in the above period are duly registered in a bone fide 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, United States Department of Labor.

(a) Where fringe benefits are paid to approved plans, funds, or

PRUGRAMS

XX--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.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH—Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not 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.

as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT) EXPLANATION

REMARKS

Name and title signature Courtney Schultz, Office Manager

The Willful Feisification Of Any Of The Above Statements Ma Criminal Prosecution. See Section 1001 Of Title 18 And Section SubContractor To Civil Or Ited States.

U.S. Department of Labor Wags and Hour Division

Passans also not noted the mapping to the callection of infantiation unless it displays a purporty with CMB control number. For contractor's optional use; see instructions at dol.goviagencles/whitherms/wh347

WAGE AND HOUR DIVISION Revised December 2008

WAGES PAID FOR WEEK \$130,00 æ OMB No. 1235-0508 Expires (M30/2026 TOTAL DEDUCTIONS **S 4 5 0** PROJECT OR CONTRACT NO. PO 3452 553 (8) DEDUCTIONS \$2.83 9 -\$9.63 ADDRESS 1905 MARKETYIEW #192 YORKYILE, IL. WITH-HOLDING TAX 20.08 \$12.05 Ş AMOLINT FARMED \$194.50 ε CRESTALLISMAN 2 8 2 8 3 8 238.30 6 TOTAL 88 6 ٣. Ø ≱1. QZ S M T W TH F 3 HOURS WORKED EACH DA A DAY AND DATE 61 81 41 04/20/2023 ŝ 16 Te no To 0 **0** 0 o. ø. 0 O - w O 0 0 FOR WEEK ENDING LEV 1 TESTER WORK CLASSIFICATION FOX VALLEY TESTING 8 OR SUBCONTRACTOR D S ONEC IONNING SHOTOMETIN MANE AND INDIVIDUAL (DENTIFYTÄ) MUNGER (4.g., LÄST FOURDIGITS OF SOCIAL SECURTY NÖMBER) OF WORKER NAME OF CONTRACTOR ε PAYROLL NO. ED BARR

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A LEE (Name of Signatory Party)	CLERK (Title)	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH Each lationsr or mechanic fished in u as Prolicated on the payrol, an amin	GE BENEFTIS ARE PAID IN CASH Each lationsr or mechanic listic in the above referenced payroll has been pail as indicated on the payroll, an amount not less than the sum of the applicable
voley states: (1) That I pay or supervise the bayment of the persons employ	kg periodema	basic hourly, wage rate plus the amount of the require in the contract, except as neterin in section 4(c) below.	basic hourly wage rate plus the amount of the required fings benefits as fiste in the contract, except semeted in section 4(c) below.
(Contractor or Subcontractor)	ing)	EXCEPTION (CRAFT)	EXPLANATION
(Building or Work) 14	(Bullding or Work) (Bullding or Work) 14 day of APR 2023, and ending the 20 day of APR 2023 all persons employed on said project have been paid the foll weekly wages centred, that no rebates have	OWN OPR	
FOX VALLEY TESTING	IG from the full		
Weekly wages earned by any person and that no calculture have learned the state of	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 person, other flan permissible deductions as perined in Regulations, Part 3 (29 C.F.R. Subfille A), issued by the Secretary of Labor under the Copieland Act, as amended (46 Stat. 846, 65 Stat. 357, 40 U.S.C. § 3145), and described below:		
(2) That any payone otherwise under this contract required to contract any payone otherwise under this contract required to contract and contribete in that the wage rates for lationers or inscriptor applicable wage rates contrained in any wage determination incomposes that the said	(2) That any payrolls otherwise under this contract required to be submitted for the above period are contest and confider, that the wage rates to this forces of inschance confidered therein (a first the wage rates for any wage determination incorporated into the contract, that the classifications seek to the contract.	PERMENTE	
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U.S. Department of Labor Wage and Hoar Division

Produces as not negated to negard to the adjection of internation unless it displays a cumunity valid ONB control number. For contractor's optional uses, see instructions at del.gov/agencies/whd/forms/wh347

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NET WAGES PAID FOR WHEK \$172.05 OMB No. 1235-0808 Expires (9/34/2028 8 DEDUCTIONS \$61.35 PROJECT OR CONTRACT NO. OTHER PO 3452 553 (8) DEDUCTIONS \$2.33 a a \$8.60 . ADDRESS 1905 MARKETVIEW #192 YORKVILLE, IL. HENCHON SAT \$38.00 \$13,00 돮 GROSS AMOUNT EARNED \$233.40 8 2985年781198785 \$38.90 RATE OF PAY • TOTAL 6.00 6 ۵ Ś ٧i **FOURS WORKED EACH DAY** S M T W 田 F Ž (4) DAY AND CLATE 2 6 05/11/2023 1 18 90 10 Q 40 9 Ö 80 Ò ø Ď. 0 40 ٥ FOR WEEK ENDING LEV1 TESTER CLASSIFICATION FOX VALLEY TESTING 6 OR SUBCONTRACTOR E OPENERATION DAYS Ŕ MAME AND MONADUAL IDENTIFYING NUMBER (* C. LAST FOUR DIGITS OF SOCIAL BECURITY NUMBER) OF WORKER MANUE OF CONTRACTOR E PAYROLL NO. ED BARR

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Public Burden Statement

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U.S. Department of Labor Wage and Hoar Division

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WAGE AND HOLLY DIVISION Revised Desember 2008

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Public Burden Statement

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U.S. Department of Labor Wage and Hour Division

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MAGE AND HOUR DIVISION Revised December 2008

WAGES PAID FOR WEEK \$129.99 €. SMB No. 1235-0906 Expires 09/30/2028 TOTAL SEDUCTIONS \$64.51 PROJECT OR CONTRACT NO. OTHER PO 3462 553 (B) DEDUCTIÓNS \$2.82 1 59.63 1 Retains are not required to respond to the collection of information unless it displays a currently valid CMB control number. ACONESS 1905 MARKETVIEW #192 YORKVILLE, IL. WITH-HOLDING TAX 240,00 \$17.06 AMOUNT ENGRED ENGRED 5194.50 6 **了解野 muswips** 238.90 OF PAY 9 TOTAL 5.00 ø 12 13 7 8 Ø ED EXCHOS M T W THE 7 (4) DAY AND DATE Ξ 07/13/2023 2 ğ 78 90 70 N O 0 0 <u>م</u> ۵ 19 0 0 # D 01 0 ø • FOR WEEK ENDING LEV 1 TESTER WORK CLASSIFICATION FOX VALLEY TESTING 3 OR SUBCONTRACTOR D NO. OF WITHHOLDING 8 MAMIE AND MIDNIDUR! IDENTIFYING MUMBER (4.6., LAST FOUR DIGITS OF SOCIAL SECURITY MUMBER) OF WORKER NAME OF CONTRACTOR Ē PAYROLL NO. ED BARR

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Public Berden Statement

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U.S. Department of Labor Wage and Hour Division

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Public Borden Statement

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(b) WHERE FRINGE BENEFITS ARE PAID IN CASH		as indicated on the carrie	Design Manage rate plus		(c) EXCEPTIONS	EXCEPTION (CRAFT)	**************************************	OWN OPPR			And the second s						KEMARKS			NOME AND TITLE A LEE CLERK	THE MAILER FRISHENING TOWNS THE WAY TO SERVICE THE WAY TO SERVICE THE THE SERVICE THE THE SERVICE THE	SUBCONTRACTOR TO CARL OR CHILDAN. PROSECUTION, SEE SECTION (OR) OF TITLE 19 AND RECEIVED BY TITLE 31 OF THE VAIDED STATES CODE.
	OLER.	(THE)		to beyond the	r		that during the payroll period commencing on the	Ø	yeakly wages samed, that no rebetes have	9 3	tion)	have been made either deedly or hybeolly.	er the Copeland Act, as amended (48 Stat. 948). nd described below.	Section 1 to 1 margines		A Company of the Comp	The state of the s	red to be submitted for the above period are transe contained therein are not less than the comparate into the contract; that the classifications awark to performed.	e duty registered in a borra fide apprienticestrip itzed by the Bureau of Apprenticestrip and ognizad apprezy exists in a State, are registered Oppartment of Labor.	PROVED PLANS, FLINDS, OR PROGRAMS	in addition to the basic hourst wage rates paid to each leborer or mechanic listed in the above referenced percel, payments of friting beneaths in the secretary.	have been or will be made to appropriate programs for the benefit of such employees, axospit as noted in section 4(s) below.
	A LEE	(Name of Signatory Party)	do heraby states:	(1) That I pay or supervise the payment of the persons employed	FOX VALLEY TESTING	(Contractor or Subcontractor)		3 day of AUG 2023 , and and ins the	ed on said project to etitler directly or	FOX VALLEY TESTING	(Contractor or Subconfractor)	weith wages earned by any person and that no deductions!	3 (29 C.F.R. Subition A), issued by the Secretary of Lator under the Copoland Act, as amended (48 Stat. 94), 63 Stat. 109, 72 Stat. 967, 76 Stat. 277, 40 U.S.C. \$ 3145), and described below.	10 mm (1)				(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that itse wage rates for laborers or finethanks contained themin are not less than the applicable wage rates contained in any wage determination incorporates into the contract, that the classifications set forth therein for each laborer or mechanic conterm with the work he performed.	(3) That any appronitions amployed in the above period are duly registered in a bone flue apprentices the program registered with a State apprenticestip agency recognized by the fluesus of Apprenticestip and Training, United States Department of Labor, or if no such recognized apprency exists in a State, are registered with the Busialu of Apprenticeship and Training, United States Department of Labor.	(4) THAT: (2) WHERE FRINGE BENEFITS ARE PARD TO APPROVED	in addition to the beats theurly wage rat	have been or will be made to appropriate axional as noted in section 4(c) below.

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U.S. Department of Labor

Wage and Hour Division

For contractor's optional use; see instructions at dol-gov/agencies/whit/forms/wh347

WAGE AND HOUR DIVISION Fowed December 2008

MET WAGES PAID FOR WEBE OMB No. 1255-0008 Espires ORCONZOZE € TOTAL DEDUCTIONS PROJECT OR CONTRACT NO. OTHER PO 3462 563 (8) DEDUCTIONS MED TAK. Persons are not required to region to the collection of information unless is distributed currently raise CMB-control number.

| Accress 1905 MARKETVIEW #192 YORKVIELE, IL... HOLDING TAX ORIDES AMELINT EARNED æ CREST PRILYWAY \$38.90 OF PAY • TOTAL FOURS Ġ 2 S M T W TH F 14 15 16 10 11 (4) CAY AND DATE 06/16/2023 78 AD 10 0 10 ٥ 0 111 50 0 ۵ Ó FOR WEEK ENDING LEV 1 TESTER WORK FOX VALLEY TESTING € OR SUBCOMMACTOR D NAME AND MUNICIPAL DESTRYNG NUMBER (*Q., LAST FOUR DIGHTS OF SOCIAL SECURITY MUNICIPAL OF WORKER MAME OF CONTRACTOR ε PAYROLL MO. ED BARR

With comparison of Porn WH-347 to deficion, it is manufactor performing work on Telecomp framework contraction performing work on Telecomp framework on Telecomp work on Telecomp framework of a sensitive for the performance of the

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We estimate that is will take an investor of 25 chindres to complete this collection, brinding they be maked to the second of the collection of the collecti

(b) WHERE FRINGE BENEFITS: ARE PAID IN CASH	CLERK	(Title) 49. Indicated on the peyrol, an amount not best than the sum of the rapidicable basis hourly wage rate plue the amount of the required fings benefits as lated	(e) EXCEPTIONS	Subcontractor) EXPLANATION		and ending the 16 day of AUG 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 to or on behalf of said	: Y TESTING from the full		weekly wages earned by any person and that no deductions have been made either directly from the full weges earned by any person, other than permissible deductions as defined in Regulations. Part 3 (2.8 C.F.R. Subtitle A), issued by the Secretary of Labor unfar the Copeland Act, as amended (48 Stat. 948, 65 Stat. 967; 76 Stat. 367; 40 U.S.C. § 3145), and decapted below.			(2) That any payrolls otherwise under this contract required to be submitted for the above particl are correct and complete, that the wage rates for abovers or mechanics contained therein such that the wage rates contained in any wage determination incorporated into the contract, that the classifications set fout theirein for each labover or mechanic conform with the work he performed.	(3) That any apprentices employed in the above period are duly registered in a bone fitte apprenticeship program registered with a State apprenticeship agency recognized by the Buresu of Apprenticeship and Training, United States Department of Labor, or if no stuch recognized agency exists in a State, are registered with the Buresu of Apprenticeship and Training, United States Department of Labor.	PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS NAME AND TITLE SOON TO SOON TITLE	In coddition to the heart weare restricte well decreased between an encircular instance in
Date 10.9 23	ALEE	(Name of Signatory Party) do hereby stetis:	(1) That I pay or supervise the payment of the persons umployed by FOX YA! I FY TESTING	(Contractor or Subcontractor)	(Baliging of Work)	2023	all percons employed on said project have been paid the full weekly w been or will be made either directly or indirectly to or on behalf of seid	FOX VALLEY TESTING	(Contractor or Subcontractor)	ety wages samed by any person and that no of mither full wages earned by any person, other that 29 C.F.R. Subtitle Al, issued by the Secretary of Stat. 108, 72 Stat. 367, 40 U.S.C.,	din (ii).	Harris A. San	(2) That any payrolls otherwise under this contract required to be submitted the correct and complete; that the wage tates for laborers or mechanics contained the applicable wage rates contained in any wage determination incorporated into the collect fauth theirein for each laborer or mechanic conform with the work he performed.	(3) That any approactioes employed in the above period are duly registere program registered with a State appropriaceship agency recognized by the But Training, United States Department of Labor, or if no stuch recognized agents with the Burgeu of Approxitionship and Training, United States Department of	(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLAN	and clearly at the flerid in

U.S. Department of Labor Wage and Hour Division

Parabas are not required to respond to the collection of information unless it displays a contractly valid Civids control number. For contractor's optional use; see instructions at dol.gov/agencies/whofforms/wh347

	UN CHARACTER
	WAGE AND IX

NET VYANDES PAND FOR WEEK Revised December 2008 **CMB No. 1235-0008** Explose 09/30/2028 Ē DEDUCTION PROJECT OR CONTRACT INC. PART OF PO 3452 553 DEDUCTIONS CELEN P. ADDRESS 1905 MARKETVEW #192 YORKVILLE, IL. WITH-HOLDING TAX ā GROSS AVOUNT EARNED E CREET INLINAIR \$38.90 SE PRE 2 22 17 18 19 TOTAL 3 M T W TH P (4) DAY AND DATE 20 21 22 08/23/2023 Ų, סה מא פד, 0 0 0 0 0 0 0 0 o. FOR WEEK ENDING LEV 1 TESTER WORK CLASSFICATION FOX VALLEY TESTING 3 OR SUBCONTRACTOR V SINGLIAMENTS ONET KOHKLIM O'ON * NAME AND INCHROUAL IDENTIFYING MANAGER (e.g., LAST POUR BIGITS OF SOCIAL SECURITY NUMBERS OF WORKER. MAKE OF CONTRACTOR £ PAYROLL NO. ED BARR

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Public Durden Statement

Westioned it at it will take an average of 65 infeation, bracked to the collection, bracked and transported the collection, bracked and the collection, bracked and the collection of an arrangement of the collection, finduiting suggestions for reducing the busion, acred them to be administrator, Wage and Hear Holes Collection, Lib. Department of Labor, Room S2902, 200 Compliants Average A

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH		caul labuler of marketing are empering the state from the sum of the applicable	basic hourly wage rate plus the arrount of the required fings barefits as listed In the contract, except as noted to section 4(c) between			CHAFT)										THE SELLANCISE	THE WILTU. FAISPECKTON OF ANY OF THE ABOVE STATEMENTS SEPECTIVE CONTRACTOR OR SUCCEEDINGS OF THE EXAMPLEST THE CONTRACTOR OR THE WINTED STATES CODE.
(b) WHERE FRINGE B	C		in the	(c) EXCEPTIONS		EXCEPTION (CRAPT)	OWN OPR							RETURNES.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WWE AND TITLE A LEE CLERK	THE WILTH, FAISFICATION SUBCORPRESSOR TO GIVE OR THE UNITED STATE
	CLERK	(Title)		Aq pe		STATE OF THE PERSON NAMED IN COLUMN NAMED IN C	deve AUG 2023	wages earned, that no rebates have	flow the full		ductions as defined in Regulations. Part Copeland Act, as amended (46 Sist. 948, diffect below:	A manufacture of the second se		be submitted for the above period are the contained therein are not less than the attention the contract, their the classification he parformed.	registered in a bone fide apprenticablip y the Burgan of Apprenticability and degency engistered turners of Labor.	ED PLANS, FUNDS, OR PROGRAMS	id to each laborer or machanic listed in rings benefits as listed in the contact rains for the benefit of such employees,
	Ate	(Name of Signatory Perty)	do hereby state:	(1) That I pay or supervise the payment of the persons employed	FOX VALLEY TESTING	(Contractor or Subcontractor)	(Building or Work) favor AUG 2023 and another the 23	yed on said project have be ide either directly or indirec	FOX VALLEY TESTING	(Contractor of Subcontractor)	from the full wages earned by any person, other than permissible deductions as defined in feep lastyre. Part 3 (29 C.F.R. Sublitie A), issued by the Secretary of Labor under the Copeland Act, as amended (46 Sigt. 946, 63 Stat. 109, 72 Stat. 967, 76 Stat. 307, 40 U.S.C. § 3146), and described below:		Productivas intelligentas programmas programmas de la compansión de la compansión de la compansión de la compa	(2) That any payridle officives under this contract required to be submitted for the above period are connect and connects and connects that the ways has the applicable ways hales contained in any ways determination incorporated into the contract, that the classifications set for the the contract that the classifications set for each laborer or mechanic contour with the work he performed.	(3) That any apprendices employed in the above period are duly registered in a bona ficht apprenticeship program registered with a State apprenticeship and. Training: United States Department of Labor, or fine such recognized agency ensists in a State, are registere with the Borneur of Apprenticeship and Training, United States Department of Training, United States Experiment of Labor.	(4) THEIR FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS [7]	 In addition to the basic hourly wege rates paid to each laborar or machanic listed in the above referenced payrial, payments of frings banefits as listed in the contract home been or will be made to appropriate programs for the benefit of such employees, averable as noted in section 4(s) below.

U.S. Department of Labor Wage and Hoar Division

PAYROLL

Paraoris are not required to respond to the collection of information tolers it displays a muranity valid OAIB control number. For contractor's optional use; see instructions at dol.gov/agencies/whit/forms/wh347

	WAGE AND HOUR DIVISION	Revised December 2008
**	3	17

MAGES PAID FOR WEEK \$129.99 CMB No. 1236-0008 Expires (8030/2028) 9 TOTAL DEBUCTIONS 15.53 PROJECT OR CONTRACT NO. STATE OF PO 3452 553 DEDUCTIONS 28.73 3 Į. 29.63 ADDRESS 1905 MARKETVIEW #192 YORKVILLE, IL. 240.00 \$12.86 Ę, SHOSS SHOUNT EARNED 8 問話一個四個問 \$38.90 R R ¥ 9 TOTAL 8.8 6 2 22 SMTWTHF (4) DAY AND DATE 28 29 36 3 8 C מה פון פון. ۵ Ó 0 0 6 0 Q. 100 6 10) o. FOR WEEK ENDING LEV 1 TESTER WIDHK CLASSIFICATION FOX VALLEY TESTING **T** OR SUBCONTRACTOR D 44 NAME, AND MIDMADIAL IDENTIFYING MANBER (# Q., LAST FOUR CHOITS OF SOCIAL SECURITY NAMBER(SOF WORKER) NAME OF CONTRACTOR \$ PAYROLL NO. ED BARR

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Public Burden destensent

Date 10 5 23		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	· **	
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(Name of Signatory Party)			traditions or mechanic little in the above referenced payrall has been paid, as indicated on the caylod, an amount not less than the sum of the arelicable	
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(1) That I pay or supervise the payment of the papers employed by	aniployed by	(e) EXCEPTIONS		
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(Contractor or Subcentractor)		EXCEPTION (CRAFT)	EXPLANATION	
	that during the payroll period commencing on the	China Cool	The second secon	
Building or Work) AUG 2023	R			
and anothernative sold and cold		die establishen eine eine eine eine eine eine eine e	the state of the s	
been or will be made either directly or indirectly to or on behalf of said	oral regions of the feet and control of the feet of th		College of the colleg	
FOX VALLEY TESTING	And the second s		American distribution of the control	
(Contractor or Subsortractor)		Enter the second control of the second contr	The state of the s	
Weekly wages earned by any person and hat no deductions	have been made either directly or indirectly			
from the full wages eamed by any person, other than parmiss	Able deductions as defined in Regulations, Particulate the Conclused Act or proportion (18 Ster. Ord.	The second secon		
63/Stat. 198, 72 Stat. 967, 76 Stat. 367, 40 U.S.C. § 3145), and described below.	nd described below.			
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17 Comment of the Com		REMARKS		
(2) That any payrolls otherwise under this contract required to be submitted for the above pariod are correct and complete, that the wage rates for laborers or thechemics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set both thesein for each laborer or mechanic conform with the work he performed.	ved to be submitted for the above pariod are. Training contained therein are not less than the concerned into the contract, that the classifications a work he performed.			
(3) That any apprendices amployed in the above period are duly registared in a bona fitte appranticaship program registered with a State apprendicently agency recognized by the Bureau of Apprendicently and Training, United States Department of Lebor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprendiceship and Training. United States Department of Labor.	to duly registered in a bona fitte appranticeship rizzel by the Bureau of Apprantipeahlip and cognizzed agency exists in a State, are registered a Department of Lation.			
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in addition to the basic bounty wagestates paid to	THOUSE THANS, TOTALS, ON THE CARACTERS IN THE DAIR TO BE SET THE CARACTERS IN THE CARACTERS	A LEE CLERK	Ree	
the above referenced payroll, payments of fings trave been or will be made to appropriate programs expent as colled in section 400 hollow	the above referenced peyroll, payments of fringe benefits as listed in the contract have been of will be made to appropriate programs for the benefit of such employees, excent as action of contraction of the heavy	THE WILLEL FALSHTANDON OF ANYOF THE ABOVE STATEMENTS MAY BYSECT THE CONTINUED ROSECTION STEE SECTION 1001, OF TILLE 32 AND SECTION 3739 OF TILLE 33 OF THE LIMITED STATES CODE.	ATS NAV BUBLECT THE CONTRACTOR OR SOUTH 1001 OF THE SEAMS SECTION STROT	

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U.S. Department of Labor Wage and Hour Division

PAYROLL

For contractor's optional use; see instructions at deligoviagencies/whithoms/whi347

MAGE AND HOUR DRVISION Revised December 2008

WAGES PAID FOR WEEK \$242.98 E CARB No. 1236-0008 Expires 09438/2026 DEDUCTIONS \$107.12 PROJECT OR CONTRACT NO. OTHER PO 3452 553 (E) DEDUCTIONS \$17.33 3 \$5.08 3 Persons are not required to respond to the collection of Information unless it displaye a purently valid OAIB consid number. THE THOMSESS 1805 WARKETVIEW #182 YORKVILLE, IL. 863.00 \$21.71 GROSS ANOUNT EARNED \$350.10 € CREST TILL YANNE \$38.90 PATE OF PAY Ē TOTAL HOURS 9.00 € O) M T W THE 24 25 19 20 21 22 (4) DAY AND DATE Ę Ē, 09/25/2028 Ś Je No. 10 6 0 ø ٥ a. 49 ٥ 0 FOR WEEK ENDING LEV 1 TESTER WORK CLASSIFICATION FOX VALLEY TESTING 5 OR SUBCONTRACTOR D ONCHANNAMONS SHOULDHANDING Ô NAME AND INDIVIDUAL IDENTIFYING MEGURER. [69, LAST FOUR DIGHTS OF SOCIAL RECURITY MAINBER! OF WORKER. NAME OF CONTRACTOR € PAYROLL NO. ED BARR

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Public Burden Bratement

(b) where fringe benefits are paid in cash	The state of the s	 Each laboration as the payrel, an amount not less than the sum of the applicable. 	basic hourly wage rate plus the smount of the required frings benefits as fisted in the contract parent as reflect in scaling data belong			RAFT) EXPLANATION		To the state of th		territoria de la companya de la comp				(Jachnoss	THE WILM. FALSEFCATION OF ANY OF THE ABOVE SYMBUCHTS MAY AMBLEST THE CONTRACTOR OR BUSCONTRACTOR TO CHIED HE TO CHIMDED STATES CODE. TILE 31 OF THE UNITED STATES CODE.
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	Ž	(Title)		s employed by	SML		That during the payroll period confinencing on the other 25. Apr. of SEPT 2023	If weekly wages served, that no rebates have hat of earl	NG from the full	ector)	weekly verges remned by any-person and that mo deductions have been made either directly or indirectly from the full wages amend by any person, other han permeatible deductions as defined in Regulations. Part 3 (29 Gr.F.R. Subilite A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94e, 63 Stat. 108, 72 Stat. 967; 76 Stat. 257; 49 U.S.C. § 3145), and detection below.	The many and a stiff from the state of the s	(2) That any payrolls otherwise under this contract required to be submitted for the above period are borrect and complete; that the wage rates for laborars or mechanics contained therein are not less than the applicable wage rates contained in any wage determination interpretated into the contract that the classifications set forth therein for each laborar or mechanic conform with this work he performed.	(3) That any apprentions employed in the above period are duly registered in a bone fide apprenticeship program registered, with a State apprenticeship agency recognized by the Burieau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency access in a State, are registered with the Burieau of Apprenticeship and Training, United States Department of Labor.	WPROVED PLANS, FUNDS, OR PROGRAMS	In addition to the basic frounty wage rates paid to each laboror or mechanic listed in the above referenced payod, payments of fittings benefits as listed in the contract have been of will be made to appropriate programs or the benefit of such employees, except as noted in section 4(c) below.
	ALEE	(Name of Signatory Party)	do hereby stade:	(1) That I pay or supervise the payment of the persons employed	FOX VALLEY TESTING	(Contractor of Sibcontractor)	(Building or West) Cave SEPT 2023 and ending the	red on said project de eather directly or	FOX VALLEY TESTING	(Contractor of Subcontractor)	ges earned by any person and that no deduction in aggs sentend by any person, only than perm. R. Subtille A), issued by the Secretary of Labor. Rs. 7.2 Stat. 967, 78 Stat. 357, 46 U.S.C. § 3145)		(2) That any payrals otherwise under this context required to be consistent and complete; that the wage rates for laborars or mechanics ac applicable wage rates contained in any wage determination interpretains set forth therein for each laborar or mechanic conform with this work ha	(3) That any approntibles employed in the above parted are duly reprogram registered with a State apprentibleship agency recognized by the Training, United States Department of Labor, or if no such recognized with the Bureau of Apprentibleship and Training, United States Department	(4) WHERE FRINCE BENEFITS ARE PAID TO APPROVED	In addition to the basic hourly wage rates paid in above referenced payoral, payments of finither been or will be made to appropriate progres except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

10923



Case #: 23-CTP-278146

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
9/27/2023 to 10/3/2023	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

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

	15											
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
MARK PFORD	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
STANLEY CDULKOSKI II	8232	OPERATOR	301 S COLLINS ST	SOUTH ELGIN IL 60177	white	NHL	m	No	No	No	Yes	2246980389
JOSEPH PTHEOBALD	2610	PLUMBER	117 2ND ST # 153	STANDAR D IL 61363	white	NHL	m	No	Yes	No	No	8153392937
ADAM LWICKENHAUSE R	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORT H IL 61745	white	NHL	m	No	Yes	No	No	3098259612
L	G-G	ender	V-Vetera	in	J-Joi	ımeyman		F-For	eman		A-A	pprentice

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H L- Hispanic or Latino	anic or Latino

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Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs		Dub Tim Hrs	Hourly Wage	Wage	Dbl Tim Wage	Gross	Net	No Wor k
MARK PFORD	P	8.00	8.00	0.00	0.00	8.00	0.00	0.00	24.00	0.00	0.00	55.00	0.00	0.00	1320.00	1222.22	
·	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	16.42		Healt	h	21.08		Vacation	0.00		Training	5.20				
STANLEY CDULKO SKI II	P	3.00	0.00	0.00	0.00	8.50	0.00	0.00	11.00	0.50	0.00	36.90	55.3 5	0.00	433.57	1086.45	
	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	
		ision	52.78		Healt	h	83.82	<u> </u>	Vacation	0.00		Training	0.00				•
JOSEPH PTHEOB ALD	Р	8.50	8.00	0.00	0.00	8.00	0.00	0.00	24.00	0.50	0.00	55.00	82.50	0.00	1361.25	1592.86	
	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	16.48	!	Healt	h	21.17		Vacation	0.00		Training	5.22				
ADAM LWICKEN HAUSER	Р	3.00	0.00	0.00	0.00	8.00	0.00	0.00	11.00	0.00	0.00	56.80	0.00	0.00	624.80	1396.98	
TIAOSER	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	
		nsion	62.87		Heal	th	54.55	j	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 Oct 06, 2023



Case #: 23-CTP-278142

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
9/20/2023 to 9/26/2023	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	
neos, estaban de manunique de municipal mentra de manune de plen carine de manune de manune (contra papa de ligitate de	

Public Body Address
1610 PLAINFIELD RD
CREST HILL IL 60403
Secondary Phone
5555555555

			:					y de la				
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
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

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

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

												Sandaya A Sandaya					
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs		Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbi Tim Wage		Net	No Wor
MARK PFORD	Р	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00	0.00	55.00	0.00	0.00	880.00	1222.22	
	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	24.63		Healt	h	31.63		Vacation	0.00		Training	7.80	•		-	
JOSEPH PTHEOB ALD	Р	0.00	0.00	0.00	8.00	8.50	0.00	0.00	16.00	0.50	0.00	55.00	82.50	0.00	921.25	1567.26	
	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	
······································	Por	sion	24.18		Healt	h	31.05		Vacation	0.00	•	Training	7.66				

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 Oct 06, 2023



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Case #: 23-CTP-278139

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

elithied himsen	II OI / (III OEE OIII)
Payroli Date	Project Location
9/13/2023 to 9/19/2023	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

Secondary Phone 555555555

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Name	Last4S5N	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
MARK PFORD	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
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-Veter	an	J-Joi	urneyman	1	F-For	eman	1	A-Ar	pprentice

F-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	1	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage		Net	No Work
MARK PFORD	Р	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	1222.22	
	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	49.25		Healt	h	63.2 5		Vacation	0.00		Training	15.60				
ADAM LWICKEN HAUSER	Р	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	1420.55	
	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	87.53		Healt	h	75.94		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

Oct 06, 2023



Case #: 23-CTP-278134

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
9/6/2023 to 9/12/2023		1610 PLAINFIELD RD
Contractor Number Or FEIN		CREST HILL IL 60403
37-971661		No Work Report: Yes
Project Number or Name	A CONTRACT OF THE CONTRACT OF	State Capital Funds
3166-553	A Change Calaborate Space of the Contract of t	No
Agency		
Not a State Agency		

	and the first the second control of the second seco
Company Name	Contractor Location
G.A. Rich & Sons, Inc	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy D 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

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			***************************************				politica.					
Name	Last4SSN	Classificati	Address	City	Race	Ethnicity	G	v	J	F	A	PhoneNumber
		on										
	G-G	ender	V-Vetera	ın	J-Jour	neyman		F-Fore	man	.k	A-A p	prentice

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

										. · · · · · · · · · · · · · · · · · · ·			algura (SV).			.	
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight	Tot OT	Dub Tim	Hourly	ОТ	Dbl	Gross	Net	No
j	1			1			1	1	Hrs			Wage	Wage	Tim		1	Wor
	<u> </u>	l			<u> </u>	1		Ī					Rate	Wage			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 Oct 06, 2023



Case #: 23-CTP-278119

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
8/30/2023 to 9/5/2023	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	555555555

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Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
MARK PFORD	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
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
	G-G	ender	V-Veteran J-Journ			meyman F-Forema			eman	A-Apprentice		

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

1 3, 1							ria. gr.e.										
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs		OT Wage Rate	Dbl Tim Wage		Net	Na Wor k
MARK PFORD	Р	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	55.00	0.00	0.00	440.00	1007.54	
	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	39.40		Healt	h	50.60	1	Vacation	0.00		Training	12.48				
SAMUEL JSTOOPS	Р	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00	0.00	60.00	0.00	0.00	1920.00	1332.93	
	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	9.85	•	Healt	h	12.65		Vacation	0.00	•	Training	3.12				
JOSEPH PTHEOB ALD	Р	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	55.00	0.00	0.00	440.00	1277.15	
	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	
English and an approxy or an indirect	Per	sion	42.47		Healt	h	51.79		Vacation	0.00	•	Training	11.46				

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 Oct 06, 2023