TO BOARD OF PUBLIC WORKS

Signature

City Engineer's Estimates For WB-16-10 Mirro Building Asbestos & Environmental Hazards Abatement

August 23, 2017

Holian Environmental Cleaning Co.

November 15, 2016

\$349,701.25 AMOUNT OF CONTRACT

1512 Washington Street							
STREET		FROM - TO					
DESCRIPTION	NO. 1 PREVIOUSLY	NO. 2 COST WORK PREVIOUSLY	NO. 3 COMPLETED	NO. 4 COST WORK	NO. 5 DIFFERENCE	NO. 6 DIFFERENCE	AUG 2 3 2017 Date filed with Secretary
	COMPLETED	COMPLETED	TO DATE	COMPLETED TO DATE	COLUMNS 1&3	COLUMNS 2 & 4	AUG 2 3 2017 Date approved by Board
							Date approved by Board
							AMOUNT RECOMMENDED
		\$340,010.75		\$349,701.25		\$9,690.50	s 18,433.03
INVOICE #: 986		Ψ040,010.70		\$545,701.25		\$3,030.00	10000
INVOICE DATE: 6/1/2017							
INVOICE BATE. 0/1/2017							BOARD
							BOARD SIGNATURES
							11/15
							1/ Vin HANNIGUES
							Jayara 1985
							Salat L. Lot
							A B
					-		100
							Topu
							Ditra Douer
					7.3		Asir Miles
<u> </u>							Date Paid
							Check No.
							Voucher No.
TOTALS		\$340,010.75		\$349,701.25		\$9,690.50	chg. 4500-62550-521800
PAYMENTS		\$331,268.22		\$340,958.72		\$9,690.50	
MOUNT DUE, FINAL PAYMENT						\$18,433.03	Copy For
DE 8-33-17 cm	Y ENGINEER						Council Board Voucher

Holian Environmental Cleaning Co./HECC

7504 Meyer Road Spring Grove, IL 60081

Phone (815)675-6683 Fax (815)675-6841

Customer ID MANITOWOC

CITY OF MANITOWOC DEPT OF PUBLIC INFRASTRUCTURE 900 QUAY STREET MANITOWOC, WI 54220

JUN 0 5 2017

CITY OF MANITOWOC FINGINEERING

Invoice#

986

Date

06/01/2017

Page# 1

Job ID

16H0050

MIRRO BUILDING

1512 WASHINGTON STREET

MANITOWOC, WI

PO#

WB-16-10

Salesman JOHN F. HOGAN

Quantity U/M Price Total Description REQUEST PAYMENT FOR ASBESTOS ABATEMENT WORK PERFORMED THROUGH 5/31/17 - BASE BID WORK COMPLETE (TOTAL CONTRACT = \$349,701.25)\$7,890.50 ITEM 11 - GRAY FIBERGLASS WALL COATING 430.00 SF \$18.35 \$1,800.00 1.00 EA \$1,800.00 ITEM 27 - DEMOBILIZATION

> 4500.62550.521800 payment #5 + Final

Thank you for your business!

Terms: Net 30 days

Net Amount Due

\$9,690.50

Sonja Birr

From:

Nicolas Sparacio

Sent:

Friday, August 18, 2017 12:28 PM

To:

Sonja Birr

Cc:

Dan Koski; Kathleen McDaniel; Paul Braun

Subject:

Holian Invoices 986 and 987

Attachments:

HOLIAN INV #986_201706051538.pdf; HOLIAN INV #987_201706051537.pdf

Hi Sonja,

I have approvals on 2 of the 3 outstanding Holian invoices, so those 2 can be paid. Things are going to get a little dicey now as we are getting to the end of the EPA grant funds. So here is what we need to do...

- Pay all of invoice 986 (\$9690.50) from the CDA funds (4500-62550-521800)
- Split the payment of invoice 987 between the City and CDA funds as follows:
 - \$34,980.60 from CDA funds (4500-62550-521800)
 - \$196,685.20 from City funds (4500-19900-521800)

Let me know if that makes sense. We will continue to hold on invoice 1019 until I get authorization from Kathleen as to whether we are paying it. Thanks,

Nic

Nicolas Sparacio, AICP | Community Development Director | City of Manitowoc, 900 Quay Street, Manitowoc, WI 54220-4543 (920)686-6931 nsparacio@manitowoc.org www.manitowoc.org

State of Wisconsin Department of Workforce Development Equal Rights Division

Prime Contractor Affidavit of Compliance With Prevailing Wage Rate Determination

Personally identifiable information may be used for secondary purposes. (See Section 15.04(1)(m), Wisconsin Statutes for details.)

This form must ONLY be filed with the Awarding Agency indicated below.

•	Mirro Building Asbestos
State Of Wingus	Project Name: and Environmental Hazards Abatement Project #: W8-16-11 Determination #:
)SS	Date Determination Issued:
County Of McHenry	Awarding Agency: DHR
After being duly sworn, the person whose n perjury that	Date Of Subcontract: 22-30-16 ame and signature appears below hereby states under penalty of
below and have recently completed all of with the above-named awarding agency forth in Section 66.0903(9)(c) or 103.49 Wisconsin Administrative Code in order I have fully complied with all of the wage the requirements set forth in the prevallis such project by the Department of Work I have received the required affidavit of performed work on this project and have affidavit. I have full and accurate records that cleworker(s) that I employed on this project wages paid to such worker(s). I will retain the records and affidavit(s) of period of at least three (3) years from the	orporation, partnership, sole proprietorship or business indicated of the work required under the terms and conditions of a contract of and make this affidavit in accordance with the requirements set of (4r)(c), Wisconsin Statutes and Chapter DWD 290 of the to obtain FINAL PAYMENT from such awarding agency. The end hour requirements applicable to this project, including all of this graph and the end of t
Holian Environmental C Name of Corporation, Partnership, Sole Pro	prietorship or Business
7504 Meyer Road, Address (Include Street or P.O. Box, City, S	Spring Grove IL 60081 State, and ZIA Code
Daniel Hollan - Pr	Date Signed
Print dalite of Adinorized Officer	(8 15 %TS - 6683
Signature of Authorized Officer	Telephone Number
The statutory authority for the use of this fo	rm is prescribed in Sections 66.0903(9)(c) and 103.49(4r)(c).

The statutory authority for the use of this form is prescribed in Sections 66.0903(9)(c) and 103.49(4r)(c), Wisconsin Statutes.

The use of this form is mandatory.

The penalty for failing to complete this form Is prescribed in Section 103.005(12), Wisconsin Statutes.

List of Agents and Subcontractors

Name Elde Environmental Staffing	Name
Address 231 Mountain Ave # Service	Address
City, State, Zip Code Wawkedna WI 53188	City, State, Zip Code
Telephone Number (773) 597-8460	Telephone Number ()
Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Telephone Number ()	Telephone Number ()
Namè	Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Telephone Number ()	Telephone Number ()
Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Telephone Number ()	Telephone Number ()
Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Telephone Number ()	Telephone Number ()
Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Telephone Number ()	Telephone Number ()

State of Wisconsin
Department of Worldorpe Dovisionment
Equal Rights Division

Agent or Subcontractor Affidavit of Compliance With Prevailing Wage Rate Determination

Personally identifiable information may be used for secondary purposes. (See Section 15.04(1)(m), Wisconsin Statules for details.)

This form must ONLY be filed with the Awarding Contractor indicated below.

This form mast start bo	
	Project Name: and Environmental Hazards Abatemic
State Of Wisconsin)	Project #: \(\mathbb{W} \text{B-16-10} + \) Project #: \(\mathbb{W} \text{B-16-11} \) Determination #:
eac	Date Determination issued:
County Of Warkesha)	Awarding Contractor: Holian Envenmental Cleaning Co
	Date Of Subcontract: 12-30-16
	Date Work Completed:
After being duly sworn, the person whose	name and signature appears below hereby states under penalty of
perjury that	corporation, partnership, sole proprietorship or business indicated
below and have recently completed at	l of the work required under the terms and conditions of a
subcontract with the above-named av	varding contractor and make this affidavit in accordance with the
requirements set forth in Section 66.0	903(9)(b) or 103.49(4r)(b), Wisconsin Statutes and Chapter DWD ode in order to obtain FINAL PAYMENT from such awarding
290 of the wisconsin Administrative C contractor.	GOB IN ORDER TO ODIZIN FINAL PATMENT ITOM SUCH SWAIDING
 I have fully complied with all of the wa 	age and hour requirements applicable to this project, including all of
the requirements set forth in the preve	siling wage rate determination indicated above which was issued for
such project by the Department of Wo	rkforce Development on the date Indicated above.
I have received the required affidavil and have received the required affidavil.	of compliance from each of my agents and subcontractors that we listed each of their names and addresses on page 2 of this
affidavil,	ve listed each of their flames and addresses on page 2 of this
 I have full and accurate records that of 	clearly indicate the name and trade or occupation of every
worker(s) that I employed on this proje	ect, including an accurate record of the hours worked and actual
wages paid to such worker(s).	A free West above and analysis the second scholar for a large state for
I will retain the records and anidavit(s) povied of at least three (3) years from) described above and make them available for inspection for a the completion date indicated above at the address indicated below
and shall not remove such records or	affidavit(s) without prior notification to the awarding contractor.
Elite Environmental	Staffing Service
Name of Corporation, Partnership, Sole P	roprietorship of Business
231 Mountain Ave	#1 Waykesha W1 53188
Address (Include Street or P.O. Box, City,	
	• • • • • • • • • • • • • • • • • • •
PRINT Name of Authorized Officer	Date Signed
Frant Ivalia of Authorized Officer	· · · · · · · · · · · · · · · · · · ·
Com Hood	(773) 5 17 - 8460 Telephone Number
Signature of Authorized Officer	
The statutory authority for the use of this t	orm is prescribed in Sections 66.0903(9)(b) and 103.49(4r)(b),

Wisconsin Statutes.

The use of this form is mandatory.

The penalty for failing to complete this form is prescribed in Section 103.005(12), Wisconsin Statutes.

ERD-10584 (R. 02/2001)



FINAL WAIVER OF LIEN AND CONTRACTOR'S AFFIDAVIT

STATE OF Wisconsin ss			Feerou	, #	
COUNTY OF Manitowood	Escrow #				
TO WHOM IT MAY CONCERN:			7524		
WHEREAS the undersigned has been	employed by Halian Engironme	ntal Cleanine	r Corn		
to furnish <u>Asbestos Abatemen</u>		•	•		
for the premises know as Mirro B					
of whichCity of Manitowoc					is the owner.
(\$ 129,284.55) Dollars, hereby waive and release any and all I respect to and on said above-described furnished, and on the moneys, funds or material, fixtures, apparatus or machine for the above-described premises, INCL That the total amount of the contract in \$ 0 prior to this part there is no claim either legal or equital AND ADDRESSES OF ALL PART BOTH, FOR SAID WORK and the	premises, and the improvements their other considerations due or to be ery heretofore furnished, or which multiplies and the culture of the c	ration, the receder the State of reon, and on the come due from any be furnished to recent and genivers. THAT OR WILL Fleach, and that	tipt whereof is f Illinois relate material, fixed the owner, of at any time on which he or uine and deliver the FOLLOURNISH MA	hereby acknowing to mechanitures, apparatus on account of I hereafter, by the she has received uncondition WING ARE TERIAL OR	rledged, do(es) cs' liens, with s or machinery abor, services, he undersigned red payment of onally and that THE NAMES LABOR, OR
material required to complete said work	T	CONTRACT	AMOUNT	THIS	BALANCE
NAMES AND ADDRESSES	WHAT FOR	PRICE INCLIDO EXTRAS Y	PAID	PAYMENT	DUE
Elite Environmental Staffing Service	Labor	\$129,28.55	0	\$129,284.55	0
					
	<u> </u>				
	!				
TOTAL LABOR AND MATERIAL INCL	JDING EXTRAS • TO COMPLETE	-			
*EXTRAS INCLUDE BUT ARE NOT That there are no other contracts for sai labor or other work of any kind done or	d work outstanding, and that there is to be done upon or in connection wi	nothing due or	to become due	to any person	
COMPANY NAME Elite Environmen	ital Staffing Service				
ADDRESS 231 Mountain Ave. #1					
CITY, STATE, ZIP Waukesha, WI 5	3188		\bigcirc		
DATED:_0	8/01/2017	John	IGNATURE	AND TITLE	resident
SUBSCRIBED AND SWORN TO BEI	FORE ME THIS 15t DAY OF	Augu:	×t20	17	•
EVA RODRIGUEZ Notary Public State of Wisconsin	Dote of Exp. 9/25/2020 D: 217103 Provided by Ticor Title Insuran	3Rod	Lig ? IOTARY PUB	LIC	