CH2M HILL
12750 Merit Drive
Suite 1100
Dallas, TX 75251
Tel 972.980-2170
Fax 972.385-0846

Submitted Via E-mail – Hard Copy Submitted To Contracting Officer Only
This Document Contains Confidential Business Information

July 25, 2012

346374.PP.01

Mr. Michael Pheeny, Contracting Officer
U.S. Environmental Protection Agency
1445 Ross Avenue
Suite 1200 (6MD-RP)
Dallas, TX 75202-2733

Reference: Contract No. EP-W-06-021
Remedial Action Contract 2 (RAC 2)

Subject: Davis Bacon Submittal
Task Order No. 0006-RARA-06BE
Tar Creek Operable Unit 2 (OU2) Superfund Site RA
DCN: 0006-03021

Dear Mr. Pheeny:

The enclosed Davis Bacon Submittal Statement of Compliance Report from DNT Environmental Services, Inc., is submitted in support of the subject task order in accordance with the terms and conditions of DNT Environmental Services, Inc., subcontract agreement (#816047) with CH2M HILL. The labor rates have been reviewed and determined to exceed the required labor rates for the area in which the project is being performed.

Please contact me at 972/663-2261, if you have questions or need additional information.

Sincerely,

CH2M HILL

Ken McClain
Financial Manager

c: Mr. Hank Thompson/PO/EPA Region 6
Ms. Renee Ryan/PGM/CH2M HILL
Mr. Scott Irving/DPGM/CH2M HILL
Mr. Steve Eversdyk/Subcontract Administrator/CH2M HILL

Enclosures: Davis Bacon Submittals June 25, 2012 through July 15, 2012

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

U.S. Wage and Hour Division
Rev. Dec 2008

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1215-0149
Expires: 12/31/2011

PAYROLL NO. 1

FOR WEEK ENDING 07/01/2012

PROJECT AND LOCATION. OU2 REMEDIATION

PROJECT OR CONTRACT NO. 816047

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE 06/25 Mo	06/26 Tu	06/27 We	06/28 Th	06/29 Fr	06/30 Sa	07/01 Su	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
JON HUTHSING [redacted]	2	OK LABORER 1	O	[redacted]								24.00	[redacted]							
			S									16.00								
STEVE SISSON	0	OK LABORER 1	O									18.00								
			S									12.00								
TERRY KISER	0	SALARY	O									37.50								
			S									25.00								
JUSTIN JUDD [redacted]	2	OK OPERATOR 1	O									27.00								
			S									18.00								
JOEL SOILEAU [redacted]	0	OK OPERATOR 1	O									27.00								
			S									18.00								
WILLIAM GARRETT [redacted]	0	OK OPERATOR 1	O									27.00								
			S									18.00								
TERRY BOWERS [redacted]	0	OK OPERATOR 3	O									22.50								
			S									15.00								
			O																	
			S																	

While completion of Form WH- 347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C. F. R. §§ 3.3, 5.5(a). The Copeland Act (40 U. S. C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U. S. Department of Labor (DOL) regulations at 29 C. F. R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis- Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 65 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W. Washington, D. C. 20210.

Date 07/01/2012

I, Danielle Waske (Name of Signatory Party) President (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ on the
(Contractor or Subcontractor)

OU2 REMEDIATION ; that during the payroll period commencing
(Building or Work)

on the 25 day of June, 2012, and ending the 01 day of July, 2012, 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
(Contractor or Subcontractor)

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 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

_____

_____

_____

_____

(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.

(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

☐ -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.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Danielle Waske President	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division

Rev. Dec 2008

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1215-0149
Expires: 12/31/2011

PAYROLL NO: 4

FOR WEEK ENDING: 07/08/2012

PROJECT AND LOCATION: OU2 REMEDIATION

PROJECT OR CONTRACT NO.: 816047

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE HOURS WORKED EACH DAY: 07/02 Mo	07/03 Tu	07/04 We	07/05 Th	07/06 Fr	07/07 Sa	07/08 Su	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS: FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED	(9) NET WAGES PAID FOR WEEK
JON HUTHSING [redacted]	2	OK LABORER 1	O	[redacted]								24.00	[redacted]							
			S									16.00								
TERRY KISER	0	SALARY	O									37.50								
			S									125.00								
JUSTIN JUDD [redacted]	2	OK OPERATOR 1	O									27.00								
			S									18.00								
JOEL SOILEAU [redacted]	0	OK OPERATOR 1	O									27.00								
			S									18.00								
WILLIAM GARRETT [redacted]	0	OK OPERATOR 1	O									27.00								
			S									18.00								
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	

While completion of Form WH- 347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C. F. R §§ 3.3, 5.5(a). The Copeland Act (40 U. S C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week " U. S. Department of Labor (DOL) regulations at 29 C F. R § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis- Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U S. Department of Labor, Room S3502, 200 Constitution Avenue, N W Washington, D C. 20210.

Date 07/15/2012

I, Danielle Waske (Name of Signatory Party) President (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ on the
(Contractor or Subcontractor)

OU2 REMEDIATION ; that during the payroll period commencing
(Building or Work)

on the 02 day of July , 2012 , and ending the 08 day of July ,
2012 , 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
(Contractor or Subcontractor)

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 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(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.

(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

☑ -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.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS.

NAME AND TITLE	SIGNATURE
Danielle Waske President	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

PAYROLL

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U.S. Wage and Hour Division

Rev. Dec 2008

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1215-0149
Expires: 12/31/2011

PAYROLL NO. 5

FOR WEEK ENDING 07/15/2012

PROJECT AND LOCATION: OU2 REMEDIATION

PROJECT OR CONTRACT NO. 816047

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	OT or ST	(4) DAY AND DATE 07/09 Mo	07/10 Tu	07/11 We	07/12 Th	07/13 Fr	07/14 Sa	07/15 Su	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
JON HUTHSING [redacted]	2	OK LABORER 1	O	[redacted]								24.00	[redacted]							
			S									16.00								
STEVE SISSON	0	OK LABORER 1	O									18.00								
			S									[illegible]								
TERRY KISER	0	SALARY	O									37.50								
			S									25.00								
JUSTIN JUDD [redacted]	2	OK OPERATOR 1	O									27.00								
			S									18.00								
JOEL SOILEAU [redacted]	0	OK OPERATOR 1	O									27.00								
			S									18.00								
WILLIAM GARRETT [redacted]	0	OK OPERATOR 1	O									27.00								
			S									18.00								
			O																	
			S																	
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			S																	

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Date 07/15/2012

I, Danielle Waske (Name of Signatory Party) President (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ on the
(Contractor or Subcontractor)

OU2 REMEDIATION ; that during the payroll period commencing
(Building or Work)

on the 09 day of July , 2012 , and ending the 15 day of July , 2012 , 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
(Contractor or Subcontractor)

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 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat 108, 72 Stat 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

_____

_____

_____

_____

(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.

(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.

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

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(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.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE	SIGNATURE
Danielle Waske President	

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