



BOARD OF TRUSTEES
Regular Meeting Agenda
205 East State Street
January 20, 2026 12:00 Noon

1. Roll Call
2. Approval of Agenda
3. Public Comment Period
4. **Decision:** Consent Agenda
 - a. Approval of Regular Meeting Minutes of December 16, 2025
 - b. Approval of Closed Session Minutes of December 16, 2025
 - c. Approval of Bill Schedule #756 Totaling \$1,632,268.28
 - d. Departmental Reports
 - e. Approval of accounts with unpaid rates or charges that are eligible to be certified to become a lien upon real estate
5. **Decision:** Review and approval of accounts with unpaid “storm sewer only” charges that are eligible to be certified to become a lien upon real estate
6. **Decision:** Review and approval of Monthly Financial Statement, Investment Report, and Capital Report
7. **Discussion:** Guidance on customer service line issue
8. **Decision:** Review and approval of Pension Committee Charter for the Supplemental Pension System of the Marshalltown Water Works
9. **Decision:** Review and approval of Resolution Establishing a Pension Committee and Delegating Plan Administrator Duties
10. **Decision:** Fill MWW Board vacant position on MWW Pension Board
11. **Decision:** Review and approval of Progress Payment #3 for Reverse Osmosis Membrane Treatment Process Train in the amount of \$55,080,536.77 to Shank Constructors Inc
12. **Decision:** Review and approval of Amended FY 2026 5-Year Capital Improvement Plan
13. **Decision:** Review and approval of agreement with Koltiv for Arctic Wolf managed SOC/SIEM proposal
14. **Decision:** Review and approval of proposal for water rate study
15. Set date and time for next regular meeting

MARSHALLTOWN WATER WORKS BOARD OF TRUSTEES
REGULAR BOARD MEETING
DECEMBER 16, 2025 12:00 Noon
205 East State Street

1. ROLL CALL: PRESENT: Trustees: Eilers, Loney, Fletcher
 ABSENT: None

2. There was a motion by Trustee Loney and a second by Trustee Fletcher to approve the Agenda.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
 NAYS: None

3. Public Comment Period – There were no members of the public present and General Manager Maxfield reported that no written comments had been received.

4. There was a motion by Trustee Loney to approve the Consent Agenda: Approval of Regular Board Meeting Minutes of November 18, 2025; Approval of Closed Session Minutes of November 18, 2025; Approval of Bill Schedule #755 totaling \$2,355,365.66; Departmental Reports; Approval of accounts with unpaid rates or charges that are eligible to be certified to become a lien upon real estate. There was a second by Trustee Fletcher.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
 NAYS: None

5. The Board reviewed the monthly financial statement, investment report and capital report. There was a motion by Trustee Fletcher and a second by Trustee Loney to approve the reports and place them on file.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
 NAYS: None

6. The Board reviewed Change Order #6 to amend the contract dates for the Marshalltown Water Works Well 5A project. There was a motion by Trustee Loney and a second by Trustee Fletcher to approve Change Order #6 to amend the contract dates for the Marshalltown Water Works Well 5A project.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
 NAYS: None

7. The Board reviewed Notice of Acceptability of Work and Resolution Approving Completion of the Marshalltown Water Works New Well No. 5A (Well No. 16) Project. There was a motion by Trustee Loney and a second by Trustee Fletcher to approve Notice of Acceptability of Work and Resolution Approving Completion of the Marshalltown Water Works New Well No. 5A (Well No. 16) Project.

RESOLUTION APPROVING COMPLETION OF THE MARSHALLTOWN WATER WORKS
NEW WELL NO. 5A (WELL NO. 16) PROJECT

WHEREAS, this Board of Trustees has heretofore contracted with Traut Companies of St. Joseph, Missouri to complete the New Well No. 5A (Well No. 16) Project, and

WHEREAS, it has been certified to the Board of Trustees that said project has been completed in its entirety and in accordance with the contract terms and conditions and this matter is now before this Board of Trustees for acceptance of the project and for final payment of all sums due the contractor.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE MARSHALLTOWN WATER WORKS FOR THE CITY OF MARSHALLTOWN, IA:

Section 1. That the New Well No. 5A (Well No. 16) Project is hereby accepted as completed and in compliance with the contract for same and the Secretary is hereby authorized and directed to pay all sums due the contractor for said project as provided for in said contract to include the 5% retainage.

Passed this 16th day of December, 2025 and signed this 16th day of December, 2025.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
NAYS: None

8. The Board reviewed Final Retainage Payment #7 for the Marshalltown Water Works Well 5A project in the amount of \$26,471.83 to Traut Companies. There was a motion by Trustee Fletcher and a second by Trustee Loney to approve Final Retainage Payment #7 for the Marshalltown Water Works Well 5A project in the amount of \$26,471.83 to Traut Companies.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
NAYS: None

9. The Board reviewed Progress Payment #2 for Reverse Osmosis Membrane Treatment Process Train in the amount of \$519,677.50 to Shank Constructors Inc. There was a motion by Trustee Loney and a second by Trustee Fletcher to approve Progress Payment #2 for Reverse Osmosis Membrane Treatment Process Train in the amount of \$519,677.50 to Shank Constructors Inc.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
NAYS: None

10. The Board reviewed Proposal for Materials Testing and Special Inspection Services with Terracon for the Reverse Osmosis Membrane Treatment Process Train project. There was a motion by Trustee Fletcher and a second by Trustee Loney to approve Proposal for Materials Testing and Special Inspection Services with Terracon for the Reverse Osmosis Membrane Treatment Process Train project.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
NAYS: None

11. General Manager Maxfield updated the Board regarding the MWW Membrane Treatment Process Train Update. Maxfield informed the Board that construction was continuing with drilling piers with the goal of completing two piers per day.

12. The Board reviewed purchase for Takeuchi TB257FRCR Excavator in the amount of \$93,922.04 from Star Equipment, LTD. There was a motion by Trustee Loney and a

second by Trustee Fletcher to approve purchase for Takeuchi TB257FRCR Excavator in the amount of \$93,922.04 from Star Equipment, LTD.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
NAYS: None

13. The Board reviewed pebble quicklime bids to provide pebble quicklime to the Water Treatment Plant for calendar year 2026. There was a motion by Trustee Loney and a second by Trustee Fletcher to award the 2026 contract for pebble quicklime to Mississippi Lime Company at a contract price of \$293.43 per ton.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
NAYS: None

14. There was a motion by Trustee Fletcher and a second by Trustee Loney to close the regular meeting and enter into closed session Pursuant to Section 20.17 Subsection 3 of the Code of Iowa concerning Strategy Meeting of the Public Employer for Collective Bargaining Purposes and Pursuant to Section 21.9 of the Code of Iowa concerning employment conditions

The Board entered the closed session at 12:58 pm. At approximately 1:28 pm, there was a motion by Trustee Fletcher and a second by Trustee Loney to end the closed session and resume open session.

15. The Board reviewed proposed changes to the Marshalltown Water Works' Employee Handbook. There was a motion by Trustee Loney and a second by Trustee Fletcher to approve proposed changes to the Marshalltown Water Works' Employee Handbook.

ROLL CALL VOTE: AYES: Trustees: Eilers, Loney, Fletcher
NAYS: None

16. The Board reviewed Resolution Establishing a Pension Committee and Delegating Plan Administrator Duties. After discussion, there was a motion by Trustee Loney and a second by Trustee Fletcher to table the resolution until clarification on a few items could be made.

The Board set the date for the next regular Board meeting as January 20, 2026 at 12:00PM at the Marshalltown Water Works office at 205 E State St.

The Board adjourned.

Respectfully submitted,

Zach Maxfield
Secretary

MARSHALLTOWN WATER WORKS
BILL SCHEDULE # 756
BILLS TO BE PAID
DECEMBER 2025

Ahlers & Cooney PC	legal services	110,629.14
Arnold Motor Supply	back up light, hose clamp, antifreeze, DEF, washer fluid, grommet, oil filter, air filter, oil	238.45
BDH Technology	email services	330.00
Blue Ally	firewall renewals	1,145.12
Brown Winick Law	legal services	833.75
Central Iowa Farm Store	backhoe switch, filter	135.27
Cessford Construction Company	sand, rock	1,810.29
Con-Struct Inc	3rd Ave watermain break	8,205.00
Covenant Workplace Solutions	admin fee and January/February EAP services	1,186.00
CTI Ready Mix	concrete	2,295.50
DeZurik, Inc	4" butterfly valve	4,391.91
Fisher Scientific Company LLC	lab supplies	163.50
Force Fitters, LLC	safety clothing	3,260.37
Grainger	ice melt, ball joint, pvc union	1,061.90
Hach Company	lab supplies	2,472.77
Hawkins	chlorine, flouride, roller assembly, tubing,	10,941.13
HDR Engineering Inc	engineering services	60,271.11
Home Rental Center & Sales Co	sign rental, pump rental, concrete saw and blade rental	1,754.50
Hub International	6/30/2025 pension GASB reporting	2,900.00
Isolved Benefit Services WDM	annual fee and monthly billing fees	1,251.60
Jetco, Inc	booster station VFD install	19,416.00
John Deere Financial - T	gloves, safety goggles, safety boots, hats, universal joints, hand warmer, gears, cutting wheel, markers, bushings, caps, pvc solvent	606.44
Linde Inc	carbon dioxide	10,124.64
M Gervich & Sons	gears for valve operator, fab work shop	93.00
Marco Technologies	copier maintenance fees and usage	542.08
Marshall Glass	passenger door window repair	453.36
McAtee Tire Sales	tire repair, tires	1,301.28

Menards	digital charger, phone cord, mini spreader, N95 mask, light bulbs, floor cleaner, laundry soap, gloves, steel stake, tape measure, washer fluid, lubricant, shop towels, mini excavator transport supplies, wrenches, batteries, utility knife, multi-tool, lp tank exchange, pvc riser, grease, plugs, ice melt, couplings, ratchet straps, foam board insulation, breaker, outlet cover, wire, electrical box	1,370.76
Minute Man Inc	final notice door tags	79.70
Mississippi Lime Company	lime	62,840.02
Moler Sanitation	garbage service	105.00
Municipal Pipe Services	12" insta valve	17,500.00
Municipal Supply Inc	repair clamps, curb boxes, valve box and risers	3,984.60
National Industrial & Safety Supply	gloves	95.76
Novo Solutions, Inc	work order program annual dues	4,500.00
Pech Optical Corp	safety glasses	346.93
Pitney Bowes	postage meter	213.87
Plumb Supply	drain cleaner	63.96
Rasmusson Service Center	vactron repair	1,552.01
Spahn & Rose Lumber Co	wood	273.30
State Hygienic Laboratory	laboratory contract services	22.50
Terracon Consultants, Inc	materials testing and special inspection services	32,121.25
Times Republican	november minutes publication	422.81
Tyler Technologies Inc	tyler notify	11.40
Wayne Judge Plumbing	repair work for 114 N 11th Ave	135.36
Total		373,453.34

MARSHALLTOWN WATER WORKS
BILL SCHEDULE # 756
BILLS PAID
DECEMBER 2025

Aflac	employee deduction	522.76
Alerus	CD	300,000.00
Alliant Energy	electric and gas	35,387.21
American Express	credit card fees	90.18
American Water Works Association	membership dues	2,728.00
Andrew J Love	overpayment refund	98.60
ARWO	2025 membership fees	1,000.00
Carlos Salvador Flores	deductibles paid	211.06
City of Marshalltown	sewer receipts - November 2025	363,820.29
City of Marshalltown	landfill receipts - November 2025	9,826.61
City of Marshalltown	storm sewer receipts - November 2025	85,236.15
Collection Services Center	employee deduction	422.48
Consumers Energy	electric	18.87
Delta Dental of Iowa	employee dental insurance	897.04
Elan Financial Services	lab certification, garage door openers, food, postage, calculator ribbon, vacuum cleaner bags, filters, brush, dnr grade 2 license fees, retirement pin, sticky notes, file folder tabs, paper clips, calculator paper, gas, ag lime license, pump parts, paper towels, rubber fingertips, cards	3,420.32
Grant Specht	deductibles paid	226.12
Health Savings Account	employee deduction	60.00
Heart of Iowa Communications	phone and internet	522.03
IMWCA	Work Comp Premium 25-26 Installment #6	3,836.00
Internal Revenue Services	withholding taxes	39,221.62
Iowa Finance Authority	interest & service fee	43,090.00
Iowa One Call	locates	312.70
IPERS	employee deductions	20,099.17
Isolved Benefit Services WDM	employee deductions	1,179.20
Jeffrey Heinrichs	deductibles paid	28.73
Joey Jensen	deductibles paid	1,184.96
Justin Case	deductibles paid	445.50

Kim Carter	cleaning services - November 2025	600.00
Marshall County Engineer's Office	november fuel	1,503.29
Marshalltown United Way	employee contributions	20.00
Marshalltown Water Works	stormsewer	184.80
MWW Employees	employee appreciation checks	1,500.00
Payroll	payroll	113,452.07
Pitney Bowes Inc Reserve Acct	postage	4,000.00
Prairie Waste Solutions	garbage service	241.23
Reliance Standard Life Ins Co	employee life insurance	978.40
Staples	colored paper	11.59
Star Equipment LTD	excavator	93,922.04
T-Mobile	internet	219.88
Traut Companies	Pay App #7 - Retainage - Well 5A project	26,471.83
Treasurer State of Iowa	withholding taxes	4,507.87
Treasurer, State of Iowa	excise tax	40,708.69
Treasurer, State of Iowa	sales tax	10,139.64
Tyler Tech	credit card fees	4,730.37
United Bank & Trust	pension	14,954.19
United Bank & Trust	returned checks and nachas	2,482.57
United Bank & Trust	bank fees	72.00
US Cellular	internet	1.00
Wellmark Blue Cross & Blue Shield	employee health insurance	23,023.22
Wisconsin Dept of Revenue	withholding taxes	342.28
Brett Goecke	deposit refund	209.10
Absolute Pipe	deposit refund	407.16
Aracely Rivera-Martinez	deposit refund	57.95
Enrique Gomez Rivera	deposit refund	2.15
Fatima Maravilla	deposit refund	20.27
Nelson Perdomo	deposit refund	31.59
Wilson Genis	deposit refund	57.95
Jazmyne Roberts	deposit refund	12.71
Ethan Thill	deposit refund	5.74
Wam Brothers LLC	deposit refund	57.76
Total		1,258,814.94

**CUSTOMER SERVICE
MONTHLY REPORT
FOR THE MONTH OF
December 2025**



ACTIVITY	THIS MONTH	THIS MONTH LAST YEAR	2025-2026 FISCAL YEAR
SERVICE CALLS	395	837	2220
METERS REPAIRED	0	0	0
REPLACED FROZEN METER	1	4	7
DELINQUENT TAGS	356	405	2088
METER SET	1	1	5
TURN OFF FOR NON PAYMENTS	61	129	226
READ AND LEAVE ON - OCCUPANT CHANGE	122	92	682
Locates	89		

DISTRIBUTION
Marshalltown Water Works
Board Report
Jan 20, 2026

PROJECTS

1. Well, 5A/16
 - a. completed
2. Meter Replacement/R900
 - a. 80 remaining
3. Investigating and fixing broken/inoperable curb stops

MAIN BREAKS (FY 25-26)

1. June 9, 2025 701 N 5th Ave 6"
2. June 26, 2025 616 Lee-6"
3. July 17,2025 701 N 5th Ave-6"
4. August 26,2025 109 S 12th St- 6"
5. August 28, 2025 600 E Marion St- 6"
6. Oct 15, 2025 901 Bromley 6"
7. Oct 22, 2025 Circle Dr 6"
8. Nov 24, 2025 703 Circle Dr 6"
9. 12/08/2025 710 S 3rd Ave 12"
10. 12/24/2025 110 N 11th Ave 6"

Facilities
Marshalltown Water Works
Board Report
1/20/26

#1 API drain project – Waiting to hear on a start date for the next phase of the project, API is double checking parts/inventory list.

#2 Arc flash survey - Looking in to getting a full survey done early 2026; exact date unknown at this time.

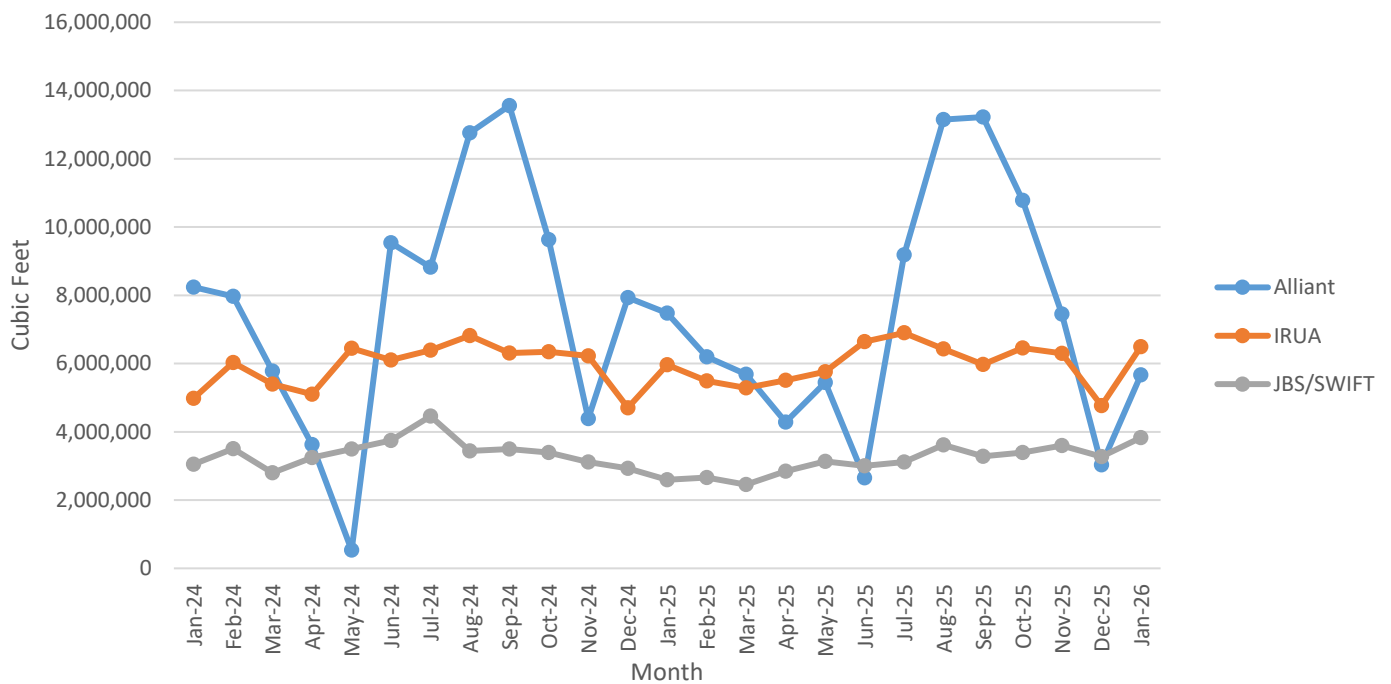
#3 Recycle pump - After our most recent generator test, the VFD for the recycle water tank pump lost its display. Jetco was onsite on 1-9-26 and found that the VFD cannot be repaired and will need to be replaced. We are currently waiting on replacement quotes. In the meantime, we have a temporary solution in place until a new VFD can be installed. (The original VFD was installed in 1998.)

#4 R/O project – Lots of activity at the North site, recent weather changes have slowed down the tearing out of trees at the existing plant.

MWW Largest Users Monthly Report

January 2026 Board Report

	ALLIANT	IRUA	JBS/SWIFT
Bill Date	Cubic Feet	Cubic Feet	Cubic Feet
Jan-24	8,238,600	4,977,140	3,049,500
Feb-24	7,970,300	6,025,630	3,505,900
Mar-24	5,777,000	5,395,469	2,799,100
Apr-24	3,625,300	5,099,225	3,247,200
May-24	530,500	6,442,906	3,496,900
Jun-24	9,535,800	6,105,853	3,746,500
Jul-24	8,823,300	6,395,989	4,457,300
Aug-24	12,755,800	6,815,740	3,442,800
Sep-24	13,557,100	6,309,760	3,494,200
Oct-24	9,629,100	6,349,406	3,397,500
Nov-24	4,389,700	6,226,449	3,118,000
Dec-24	7,930,100	4,706,570	2,931,400
Jan-25	7,478,600	5,966,201	2,594,900
Feb-25	6,197,300	5,492,538	2,663,400
Mar-25	5,689,200	5,290,729	2,452,300
Apr-25	4,284,100	5,505,470	2,850,100
May-25	5,449,000	5,762,308	3,131,700
Jun-25	2,648,100	6,645,027	2,999,300
Jul-25	9,188,400	6,897,540	3,113,200
Aug-25	13,152,700	6,432,378	3,615,900
Sep-25	13,222,700	5,974,652	3,278,200
Oct-25	10,780,000	6,454,271	3,393,800
Nov-25	7,445,000	6,293,966	3,595,000
Dec-25	3,036,000	4,765,325	3,276,300
Jan-26	5,670,000	6,498,157	3,826,600



PROPERTY TAX LIENS TO CERTIFY

January 2026

ACCOUNT#	PROPERTY OWNER NAME	ADDRESS TO LIEN	AMOUNT
133-0080-10	Brandi McClish & Dillon Bear	1111 S 4th St	\$309.00
137-0440-21	Charles Butcher	2 Edgeland Dr	\$133.46
002-0044-02	Crystal Distribution Services	816 Union St	\$35.45
400-1186-05	Melissa Hernandez	PIN# 841834277009	\$37.34
128-0430-17	Paul & Amalia White	1306 W Linn St - Up - #2	\$134.03
110-0048-19	Robert & Mary Burr	207 W Grant St 1/2	\$1,274.79
400-1253-02	Samuel C Keigley	PIN# 841836355004	\$41.19
TOTAL			\$1,965.26

PROPERTY TAX LIENS TO CERTIFY

STORM SEWER January 2026

ACCOUNT#	PROPERTY OWNER NAME	ADDRESS TO LIEN	AMOUNT
400-0548-03	7P Logistics LLC	223 E Anson St	\$21.69
400-0077-07	Aaron Steward	204 S 2nd Ave	\$225.78
400-1383-01	Adam J Puumala	714 Jackson St	\$35.28
400-0759-04	Alicia R Terez Avina	204 W Boone St	\$52.50
400-1331-01	AMC Real Estate LLC	709 Fremont St	\$31.42
400-1405-00	Betty Flowers	907 Turner St	\$39.91
400-0820-05	Blanca Esthela	418 N 11th Ave	\$26.46
400-1435-00	Brad W Ferneau	1004 W Boone St	\$35.28
400-1434-00	Brittney A Maxon	711 W Boone St	\$22.85
400-0598-02	Carl N Porter	427 Swayze St	\$52.50
400-1370-01	Carlos Gomez	511 1/2 Woodbury St	\$52.50
400-1479-00	CD Marshalltown LLC	405 E Main St	\$20.10
400-1447-00	Celia Marceleno	303 Wauconda Rd	\$35.28
400-1147-04	Cesar A Alcaraz	409 N 3rd Ave	\$26.46
400-1480-00	Christopher A Larson	919 Jackson St	\$22.12
400-1081-03	Cynthia K Shipley	105 1/2 S 7th Ave	\$35.28
400-1212-03	Daniel Ramirez Perez	102 S 5th Ave	\$62.17
400-1474-00	Darlene Brees	508 S 6th St	\$21.98
400-0443-05	David & Marguerite Hernandez	110 N 11th Ave	\$52.50
400-1060-02	Donovan E Cole	308 N 13th Ave	\$44.10
400-0426-03	Eden Hernandez	305 N 7th Ave	\$52.92
400-0851-04	Gabriella Cano	28 N 1st Ave	\$111.78
400-1408-00	Gary J Bumsted	307 N 1st Ave	\$35.28
400-0597-05	IAT 37 LLC	211 N 4th Ave	\$34.86
400-1411-00	James Ramsey	704 N 4th Ave	\$35.28

ACCOUNT#	PROPERTY OWNER NAME	ADDRESS TO LIEN	AMOUNT
400-0708-07	Jamie Nunez	920 Jackson St	\$52.50
400-1386-00	Jane Hopkins	924 N 5th Ave	\$48.92
400-1432-00	Jeff Wallace	515 S 4th St	\$29.06
400-0699-02	Jessica Rios	410 N 11th Ave	\$52.50
400-1216-04	Jesus Avina	1208 S 2nd Ave	\$52.50
400-0507-03	JG & Brothers LLC	212 W Nevada St	\$35.28
400-1448-00	Jose Andrade	1005 S 3rd Ave	\$26.46
400-1366-01	Jose Parra Gonzalez	7 1/2 S 6th St	\$52.50
400-1312-03	Jose Sanchez	106 W Nevada St	\$52.50
400-0532-06	Juan Pablo Colin	1003 S Center St	\$52.50
400-1023-07	Juana Osorio Chavez	205 S 3rd St	\$52.50
400-1175-04	Justin D Shultz	6 E High St	\$33.98
400-1346-01	Kathleen L Baker	1303 S Center St	\$55.40
400-0802-02	Khamphethbouap Keomala	712 N 5th Ave	\$52.50
400-0712-06	Kvis LLC	208 N 3rd St	\$31.82
400-01303-01	Larry Edwards	310 N 1st Ave	\$26.46
400-0957-05	Lois Zakerolhosseini	409 W Boone St	\$52.50
400-0985-03	Louise Bennett	105 N 7th Ave	\$52.50
400-0733-06	Luis Mendoza	405 1/2 S 1st St	\$52.50
400-1093-05	Luis R Delgadillo	412 N 13th Ave	\$26.46
400-0768-02	Maria Magdalena Rodriquez	709 Bromley St	\$35.28
400-0556-05	Marilyn Bryant	1308 E Madison St	\$52.50
400-1344-00	Martin Harris	305 Summit St	\$52.92
400-1365-01	Melody Dunn	505 S 2nd St	\$52.50
400-0895-08	Mercedes Kavanaugh	424 Swayze St	\$52.50
400-1355-01	Merrill Brooks	2803 Nelson Rd	\$55.40
400-1402-00	Michael A Pepin	412 E Ferner St	\$42.07
400-1338-03	Michael J Fleck	705 Roberts Ter	\$52.50
400-1431-00	Michael R Garrett	406 N 17th St	\$29.93

ACCOUNT#	PROPERTY OWNER NAME	ADDRESS TO LIEN	AMOUNT
400-1369-01	Michael Wilson	610 Marion St	\$52.50
400-1424-00	Nathan L Danner	530 N 1st St	\$52.92
400-1446-00	Paige M Oetker	404 W South St	\$35.28
400-0754-06	Pedro Antonio Guadiana	1016 S 5th Ave	\$52.50
400-0527-03	Pedro Garcia Alvarez	507 S 3rd Ave	\$112.92
400-1436-00	Phyllis M Simpson	905 W Nevada St	\$35.28
400-0476-04	Rachel Dixon Michael Whiddon	306 N 17th St	\$41.35
400-0606-03	Regions Bank	1501 Summit St	\$43.68
400-1341-01	Richard And Martha Rhodes	408 Lee St	\$37.60
400-0492-03	Rigoberto Alcala	401 S 6th St	\$52.92
400-1247-01	Robert McWilliams	707 Woodbury St	\$52.92
400-1374-01	Roger A Smith	605 N 1st Ave	\$35.28
400-1438-00	Scott E Loffgren	212 S 9th St	\$26.46
400-1391-01	Swift Pork Company	301 N 10th Ave	\$30.22
400-0557-05	Three Shephards Trust	1303 E Madison St	\$52.50
400-0490-05	Tim & Jean Saling	410 W Church St	\$52.50
		TOTAL	\$3,270.05

SEWER DEPOSIT ACCOUNT
Activity for December
2025

Balance on December 1	\$158,678.43
Deposits for December	\$4,015.00
Interest paid to the City of Marshalltown Check # 2633	\$153.43
Deposit refund for application to the Marshalltown Water Works Check # 2634	\$4,270.00
Interest for December	\$181.84
Balance on December 31	\$158,451.84

MARSHALLTOWN WATER WORKS

**Compiled Financial Statements
And Supplementary Information**

**For the One Month Ended
December 31, 2025**



Income Statement

Account Summary

Marshalltown Water Works, IA

For Fiscal: 2025-2026 Period Ending: 12/31/2025

Fund: 1 - WATER FUND

Revenue

		Annual Budget	Period Activity	Fiscal Activity	Percent Used
1-501-000	WATER SALES RESIDENTIAL	3,128,598.14	272,136.08	1,629,162.63	52.07%
1-501-001	WATER SALES MULTI-FAMILY	439,157.11	35,220.56	210,262.79	47.88%
1-501-002	WATER SALES COMMERCIAL	881,925.54	71,279.56	443,670.82	50.31%
1-501-003	WATER SALES IRRIGATION	150,721.25	4,261.75	91,559.04	60.75%
1-501-004	WATER SALES INDUSTRIAL	4,125,826.67	196,785.55	2,323,407.17	56.31%
1-501-005	WATER SALES WHOLESALE	1,685,681.96	153,378.96	859,874.15	51.01%
1-501-006	WATER SALES NON METERED	22,415.46	315.47	3,111.64	13.88%
1-601-000	CITY CONTRACT SERVICES	80,000.00	6,672.54	40,001.99	50.00%
1-602-000	PENALTIES	40,000.00	8,133.10	52,634.84	131.59%
1-603-000	CUSTOMER SERVICE	10,000.00	2,579.00	14,330.00	143.30%
1-604-000	TESTING LABORATORIES	3,000.00	196.00	1,386.00	46.20%
1-605-000	MERCHANDISE SALES	300	0.00	0.00	0.00%
1-606-000	INTEREST	25,000.00	22,265.57	70,097.36	280.39%
1-607-000	RENTALS	4,000.00	0.00	4,048.00	101.20%
1-608-000	MISC INCOME	30,000.00	3,580.00	24,648.05	82.16%
1-613-000	CONNECTION FEES	15,000.00	200.00	3,033.30	20.22%
1-614-000	TAPPING FEES	2,000.00	0.00	0.00	0.00%
1-619-000	REPAIR-WA SERVICE ISSUE	0	16,481.79	0.00	
Total Revenue:		10,643,626.13	793,485.93	5,771,227.78	54.22%

Expense

		Annual Budget	Period Activity	Fiscal Activity	Percent Used
EMPLOYEE SALARIES		2,289,106.00	165,093.15	960,290.85	41.95%
EMPLOYEE BENEFITS		919,834.00	60,888.39	348,396.45	37.88%
UTILITIES		733,465.00	36,333.79	314,329.22	42.86%
DEPRECIATION		722,066.00	59,048.30	354,289.80	49.07%
FUELS		43,975.00	4,076.57	16,563.81	37.67%
SUPPLIES		312,312.00	10,951.33	116,101.46	37.17%
MAINTENANCE		528,711.00	13,917.06	109,557.00	20.72%
CHEMICALS		1,395,467.00	68,510.49	608,976.26	43.64%
CONTRACT SERVICE		1,287,290.00	131,685.65	488,479.69	37.95%
Total Expense:		8,232,226.00	550,504.73	3,316,984.54	40.29%

	Budget	Activity	Activity	Used
Total Revenue:	10,643,626.13	793,485.93	5,771,227.78	54.22%
Total Expense:	8,232,226.00	550,504.73	3,316,984.54	40.29%
Retained Earnings:	2,411,400.13	242,981.20	2,454,243.24	

DETAILED DEPARTMENT EXPENSES

Marshalltown Water Works, IA

Expense Report

Account Summary

For the Period Ending 12/31/2025

		2025-2026 Annual Budget	2025-2026 Dec. Activity	2024-2025 Dec. Activity	2025-2026 YTD Activity	2024-2025 YTD Activity	Percent Used
Department: 700 - PLANT							
ExpCategory: 1 - EMPLOYEE SALARIES							
1-700-100	SALARIES	669,404.00	59,054.06	53,079.26	318,982.22	321,267.46	47.65%
ExpCategory 1 - EMPLOYEE SALARIES Total:		669,404.00	59,054.06	53,079.26	318,982.22	321,267.46	47.65%
ExpCategory: 2 - EMPLOYEE BENEFITS							
1-700-201	HEALTH INSURANCE	79,694.00	5,182.77	5,929.79	28,267.96	33,838.88	35.47%
1-700-202	PENSION	27,031.00	1,255.20	2,293.71	8,035.89	13,573.84	29.73%
1-700-203	IPERS	34,248.00	4,196.73	2,585.97	21,357.89	15,951.08	62.36%
1-700-204	FICA/MED	50,911.00	4,396.66	3,906.66	23,677.95	23,714.73	46.51%
1-700-205	LIFE INSURANCE	2,239.00	157.21	169.04	851.90	977.04	38.05%
1-700-206	MILEAGE	525.00	0.00	0.00	0.00	0.00	0.00%
1-700-207	REGISTRATION	3,150.00	0.00	0.00	252.29	800.00	8.01%
1-700-208	ANNUAL DUES	4,500.00	0.00	0.00	0.00	0.00	0.00%
1-700-209	DENTAL INSURANCE	840.00	70.00	70.00	380.00	410.00	45.24%
1-700-210	TUITION	0.00	0.00	0.00	0.00	0.00	0.00%
1-700-211	LODGING	2,100.00	0.00	606.20	0.00	606.20	0.00%
1-700-212	FOOD	315.00	0.00	0.00	0.00	101.42	0.00%
1-700-213	TRANSPORTATION	1,575.00	0.00	0.00	0.00	0.00	0.00%
1-700-214	SAFETY / CLOTHING	3,500.00	249.95	173.34	1,641.04	1,478.42	46.89%
1-700-215	SAFETY TRAINING	500.00	0.00	0.00	0.00	0.00	0.00%
1-700-216	MEDICAL(WORK COMP)	33,688.00	0.00	0.00	501.00	0.00	1.49%
ExpCategory 2 - EMPLOYEE BENEFITS Total:		244,816.00	15,508.52	15,734.71	84,965.92	91,451.61	34.71%
ExpCategory: 3 - UTILITIES							
1-700-301	ELECTRIC	671,807.00	31,657.36	36,579.41	291,314.31	255,287.51	43.36%
1-700-302	GAS	32,500.00	2,242.96	2,314.46	10,496.37	10,192.87	32.30%
1-700-303	TELEPHONE	1,600.00	93.00	93.00	558.00	878.27	34.88%
1-700-309	INTERNET	3,500.00	105.09	210.18	717.67	1,060.60	20.50%
ExpCategory 3 - UTILITIES Total:		709,407.00	34,098.41	39,197.05	303,086.35	267,419.25	42.72%
ExpCategory: 4 - DEPRECIATION							
1-700-401	PLANT DEPRECIATION	352,000.00	25,053.42	25,406.13	150,320.52	152,436.78	42.70%
1-700-406	VEHICLE DEPR	10,140.00	3,368.71	1,362.25	20,212.26	8,173.50	199.33%
ExpCategory 4 - DEPRECIATION Total:		362,140.00	28,422.13	26,768.38	170,532.78	160,610.28	47.09%
ExpCategory: 5 - FUELS							
1-700-501	GAS	3,000.00	94.91	205.85	1,151.76	1,626.43	38.39%
1-700-502	OIL	2,000.00	0.00	1,002.00	0.00	1,131.84	0.00%
1-700-503	GREASE	0.00	0.00	0.00	0.00	0.00	0.00%
1-700-504	DIESEL	6,955.00	2,478.86	197.86	4,356.63	1426.9	62.64%
ExpCategory 5 - FUELS Total:		11,955.00	2,573.77	1,405.71	5,508.39	4,185.17	46.08%
ExpCategory: 6 - SUPPLIES							
1-700-601	LAB SUPPLIES	54,000.00	3,143.71	1,633.09	27,386.19	21,682.46	50.72%
1-700-602	PLANT SUPPLIES	1,140.00	0.00	21.97	147.17	106.33	12.91%
1-700-603	BUILDING SUPPLIES	1,700.00	0.00	0.00	0.00	665.92	0.00%
1-700-604	WELL SUPPLIES	0.00	0.00	0.00	0.00	0.00	0.00%
1-700-605	GENERAL SUPPLIES	5,350.00	0.00	488.00	199.62	933.22	3.73%
1-700-606	SAFETY EQUIPMENT	2,000.00	0.00	26.24	0.00	410.08	0.00%
1-700-607	CLEANING SUPPLIES	0.00	0.00	0.00	102.00	200.00	0.00%
1-700-608	HEALTH/FIRST AID	535.00	0.00	50.39	0.00	50.39	0.00%
1-700-610	Operational Fees, Permits, & Certificati	0.00	908.54	0.00	908.54	0.00	
1-700-614	CIWA METER PIT SUPPLIES	0.00	0.00	0.00	0.00	0.00	0.00%
ExpCategory 6 - SUPPLIES Total:		64,725.00	4,052.25	2,219.69	28,743.52	24,048.40	44.41%

		2025-2026 Annual Budget	2025-2026 Dec. Activity	2024-2025 Dec. Activity	2025-2026 YTD Activity	2024-2025 YTD Activity	Percent Used
ExpCategory: 7 - MAINTENANCE							
1-700-701	VEHICLE MAINT	2,000.00	29.99	110.48	397.97	325.05	19.90%
1-700-702	EQUIP/MACHINE MAINT	165,000.00	6,423.20	53,948.02	43,144.93	101,124.16	26.15%
1-700-703	GROUNDS MAINT	15,000.00	674.77	154.95	1,871.75	3,747.39	12.48%
1-700-704	WELL FIELD MAINT	10,000.00	0.00	5,968.28	3,973.96	56,488.43	39.74%
1-700-710	HEATING & AIR COND MAINT	20,000.00	0.00	6,523.34	7,334.61	8,711.85	36.67%
1-700-711	BUILDING MAINT	7,500.00	223.47	1,794.00	874.68	5,367.19	11.66%
1-700-712	COMPUTER MAINT	2,675.00	0.00	0.00	0.00	2,868.91	0.00%
1-700-713	SAFETY EQUIPMENT MAINT	0.00	0.00	276.43	0.00	859.85	0.00%
1-700-714	CIWA METER PIT REPAIR	0.00	0.00	0.00	0.00	0.00	0.00%
1-700-715	GENERATOR	25,000.00	0.00	0.00	1,850.00	9,781.55	7.40%
ExpCategory 7 - MAINTENANCE Total:		247,175.00	7,351.43	68,775.50	59,447.90	189,274.38	24.05%
ExpCategory: 8 - CHEMICALS							
1-700-801	LIME	984,732.00	54,873.84	42,746.01	467,034.77	377,892.87	47.43%
1-700-802	CARBON-DIOXIDE/CO2	144,460.00	6,204.00	8,784.70	57,739.84	41,017.56	39.97%
1-700-803	Chlorine/CL2	160,500.00	6,119.25	7,990.50	62,454.55	71,446.48	38.91%
1-700-804	FLUORIDE	27,825.00	1,313.40	1,336.50	9,332.40	12,556.50	33.54%
1-700-805	POLY-PHOSPHATE	51,000.00	0.00	3,402.00	10,206.00	19,215.00	20.01%
1-700-807	POLYMER/SODA ASH	0.00	0.00	0.00	0.00	0.00	0.00%
1-700-808	AMMONIA	26,950.00	0.00	0.00	2,208.70	9,024.68	8.20%
ExpCategory 8 - CHEMICALS Total:		1,395,467.00	68,510.49	64,259.71	608,976.26	531,153.09	43.64%
ExpCategory: 9 - CONTRACT SERVICE							
1-700-908	LIME SLUDGE REMOVAL	650,000.00	54,167.00	33,333.00	325,002.00	233,332.00	50.00%
1-700-911	LABORATORY CONTRACT SERVICES	5,500.00	22.50	781.50	2,240.50	1,348.00	40.74%
ExpCategory 9 - CONTRACT SERVICE Total:		655,500.00	54,189.50	34,114.50	327,242.50	234,680.00	49.92%
Department 700 - PLANT Total:		4,360,589.00	273,760.56	305,554.51	1,907,485.84	1,824,089.64	43.74%

		2025-2026 Annual Budget	2025-2026 Dec. Activity	2024-2025 Dec. Activity	2025-2026 YTD Activity	2024-2025 YTD Activity	Percent Used
Department: 750 - DISTRIBUTION							
ExpCategory: 1 - EMPLOYEE SALARIES							
1-750-100	SALARIES	840,003.00	62,203.26	47,104.53	360,335.88	356,069.81	42.90%
ExpCategory 1 - EMPLOYEE SALARIES Total:		840,003.00	62,203.26	47,104.53	360,335.88	356,069.81	42.90%
ExpCategory: 2 - EMPLOYEE BENEFITS							
1-750-201	HEALTH INSURANCE	108,477.00	9,576.03	7,589.24	50,547.53	44,660.39	46.60%
1-750-202	PENSION	8,578.00	0.00	0.00	0.00	969.04	0.00%
1-750-203	IPERS	69,895.00	5,810.66	4,367.06	33,954.36	31,233.31	48.58%
1-750-204	FICA/MED	63,990.00	4,460.77	3,398.65	25,777.10	26,018.16	40.28%
1-750-205	LIFE INSURANCE	2,835.00	203.79	175.08	1,104.31	993.38	38.95%
1-750-206	MILEAGE	945.00	0.00	0.00	0.00	0.00	0.00%
1-750-207	REGISTRATION	4,200.00	0.00	0.00	0.00	181.21	0.00%
1-750-208	ANNUAL DUES	1,925.00	0.00	0.00	3,798.80	1,400.00	197.34%
1-750-209	DENTAL INSURANCE	1,200.00	90.00	65.01	550.00	406.60	45.83%
1-750-210	TUITION	5,000.00	0.00	0.00	0.00	17.07	0.00%
1-750-211	LODGING	1,550.00	0.00	0.00	0.00	0.00	0.00%
1-750-212	FOOD	945.00	0.00	0.00	0.00	199.99	0.00%
1-750-213	TRANSPORTATION	1,575.00	0.00	0.00	0.00	0.00	0.00%
1-750-214	SAFETY / CLOTHING	4,500.00	108.35	999.52	3,009.91	2,786.24	66.89%
1-750-215	SAFETY TRAINING	4,725.00	0.00	17.07	895.00	17.07	18.94%
1-750-216	MEDICAL(WORK COMP)	23,461.00	0.00	0.00	167.00	-358.00	0.71%
ExpCategory 2 - EMPLOYEE BENEFITS Total:		303,801.00	20,249.60	16,611.63	119,804.01	108,524.46	39.44%
ExpCategory: 4 - DEPRECIATION							
1-750-402	DISTRIBUTION DEPR	209,544.00	17,087.59	15,800.61	102,525.54	94,803.66	48.93%
1-750-403	METER DEPR	41,040.00	8,687.12	0.00	52,122.72	0.00	127.00%
1-750-406	VEHICLE DEPR	37,300.00	0.00	0.00	0.00	0.00	0.00%
1-750-407	EQUIPMENT DEPR	31,832.00	1,077.39	1,077.39	6,464.34	6,464.34	20.31%
1-750-408	BOOSTER STATION DEPR	5,000.00	361.37	376.33	2,168.22	2,257.98	43.36%
ExpCategory 4 - DEPRECIATION Total:		324,716.00	27,213.47	17,254.33	163,280.82	103,525.98	50.28%
ExpCategory: 5 - FUELS							
1-750-501	GAS	19,920.00	1,220.63	892.04	7,978.21	7,043.63	40.05%
1-750-502	OIL	2,100.00	0.00	55.74	0.00	1,023.10	0.00%
1-750-503	GREASE	0.00	0.00	0.00	0.00	0.00	0.00%
1-750-504	DIESEL	10,000.00	282.17	701.63	3,077.21	3,661.63	30.77%
ExpCategory 5 - FUELS Total:		32,020.00	1,502.80	1,649.41	11,055.42	11,728.36	34.53%
ExpCategory: 6 - SUPPLIES							
1-750-601	DISTRIBUTION SUPPLIES	42,000.00	222.01	121.11	14,041.28	30,423.34	33.43%
1-750-602	SHOP SUPPLIES	11,000.00	160.52	116.17	1,032.14	1,973.32	9.38%
1-750-603	LEAK SUPPLIES	75,000.00	2,093.00	25,426.89	35,179.53	128,346.44	46.91%
1-750-604	CONCRETE AND ROCK	50,000.00	3,833.87	11,978.69	27,044.68	34,498.10	54.09%
1-750-605	BOOSTER STATION SUPPLIES	2,675.00	0.00	0.00	0.00	0.00	0.00%
1-750-606	SAFETY EQUIPMENT	0.00	0.00	0.00	13.97	0.00	0.00%
1-750-608	HEALTH/FIRST AID	0.00	0.00	0.00	0.00	0.00	0.00%
1-750-609	COPIER SUPPLIES / MAINTENANCE AGI	2,535.00	0.00	0.00	0.00	0.00	0.00%
1-750-610	Operational Fees, Permits, & Certificati	0.00	0.00	0.00	0.00	0.00	0.00%
1-750-611	SERVICE REPAIR SUPPLIES	2,000.00	0.00	0.00	0.00	0.00	0.00%
1-750-612	METER REPAIR SUPPLIES	5,885.00	0.00	0.00	1,648.97	0.00	28.02%
ExpCategory 6 - SUPPLIES Total:		191,095.00	6,309.40	37,642.86	78,960.57	195,241.20	41.32%
ExpCategory: 7 - MAINTENANCE							
1-750-701	VEHICLE MAINT	5,885.00	88.03	622.51	3,682.32	1,818.91	62.57%
1-750-702	EQUIP/MACHINE MAINT	26,000.00	371.94	1,621.63	9,027.12	27,364.06	34.72%
1-750-705	TOWER MAINT	165,000.00	0.00	0.00	0.00	201.80	0.00%
1-750-706	WELL FIELD MAINT	0.00	0.00	0.00	0.00	0.00	0.00%
1-750-707	RESERVOIR MAINT	10,000.00	0.00	0.00	0.00	0.00	0.00%
1-750-708	BOOSTER STATION MAINT	1,017.00	0.00	0.00	0.00	0.00	0.00%
1-750-712	COMPUTER MAINT	0.00	0.00	0.00	0.00	0.00	0.00%
1-750-713	SAFETY EQUIPMENT MAINT	0.00	0.00	0.00	0.00	0.00	0.00%
ExpCategory 7 - MAINTENANCE Total:		207,902.00	459.97	2,244.14	12,709.44	29,384.77	6.11%
Department 750 - DISTRIBUTION Total:		1,899,537.00	117,938.50	122,506.90	746,146.14	804,474.58	39.28%

		2025-2026 Annual Budget	2025-2026 Dec. Activity	2024-2025 Dec. Activity	2025-2026 YTD Activity	2024-2025 YTD Activity	Percent Used
Department: 790 - OFFICE							
ExpCategory: 1 - EMPLOYEE SALARIES							
1-790-100	SALARIES	779,699.00	43,835.83	54,903.58	280,972.75	332,774.44	36.04%
ExpCategory 1 - EMPLOYEE SALARIES Total:		779,699.00	43,835.83	54,903.58	280,972.75	332,774.44	36.04%
ExpCategory: 2 - EMPLOYEE BENEFITS							
1-790-201	HEALTH INSURANCE	58,530.00	3,905.53	3,178.22	18,742.03	17032.91	32.02%
1-790-202	PENSION	38,851.00	1,932.19	2,822.86	12,538.34	17195.14	32.27%
1-790-203	IPERS	34,664.00	2,054.69	2,198.86	13,228.61	13,236.85	38.16%
1-790-204	FICA/MED	59,205.00	3,213.68	3,673.15	20,601.34	24,345.94	34.80%
1-790-205	LIFE INSURANCE	3,090.00	221.24	199.23	1,198.88	1,157.68	38.80%
1-790-206	MILEAGE	1,050.00	0.00	0.00	0.00	272.02	0.00%
1-790-207	REGISTRATION	4,000.00	0.00	0.00	1,453.00	3,780.00	36.33%
1-790-208	ANNUAL DUES & SUBSCRIPTIONS	14,335.00	3,728.00	455.00	8,920.48	7,934.99	62.23%
1-790-209	DENTAL INSURANCE	600.00	40.00	40.00	240.00	240.00	40.00%
1-790-210	TUITION	0.00	0.00	0.00	0.00	155.55	0.00%
1-790-211	LODGING	2,650.00	0.00	1,931.52	1,483.56	1,931.52	55.98%
1-790-212	FOOD	2,100.00	34.94	156.49	78.00	313.57	3.71%
1-790-213	TRANSPORTATION	3,885.00	0.00	40.00	99.48	40.00	2.56%
1-790-214	SAFETY / CLOTHING	210.00	0.00	0.00	42.80	0.00	20.38%
1-790-215	SAFETY TRAINING	0.00	0.00	0.00	0.00	0.00	0.00%
1-790-216	MEDICAL(WORK COMP)	18,047.00	0.00	0.00	0.00	0.00	0.00%
1-790-218	IOWA WORKFORCE WAGE REIMB	0.00	0.00	0.00	0.00	6,942.00	0.00%
1-790-220	PENSION SUPPLEMENT	130,000.00	10,000.00	10,000.00	65,000.00	65,000.00	50.00%
ExpCategory 2 - EMPLOYEE BENEFITS Total:		371,217.00	25,130.27	24,695.33	143,626.52	159,578.17	38.69%
ExpCategory: 3 - UTILITIES							
1-790-301	ELECTRIC	11,550.00	950.91	0.00	5,741.65	3,744.27	49.71%
1-790-302	GAS	3,000.00	554.85	0.00	1,033.49	284.00	34.45%
1-790-303	TELEPHONE	3,300.00	213.85	218.10	1,285.55	1,336.42	38.96%
1-790-304	STORM SEWER	1,500.00	184.80	184.80	554.40	726.40	36.96%
1-790-309	INTERNET	4,708.00	330.97	435.39	2,627.78	2,527.99	55.82%
ExpCategory 3 - UTILITIES Total:		24,058.00	2,235.38	838.29	11,242.87	8,619.08	46.73%
ExpCategory: 4 - DEPRECIATION							
1-790-404	BUILDING DEPR	21,230.00	1,683.72	1,726.19	10,102.32	10,357.14	47.59%
1-790-405	CAPITAL IMPROVEMENT DEPR	0.00	0.00	5.58	0.00	33.48	0.00%
1-790-407	EQUIPMENT DEPR	13,980.00	1,728.98	1,242.55	10,373.88	7,455.30	74.21%
ExpCategory 4 - DEPRECIATION Total:		35,210.00	3,412.70	2,974.32	20,476.20	17,845.92	58.15%
ExpCategory: 6 - SUPPLIES							
1-790-601	BILLING SUPPLIES	15,000.00	-200.44	8,583.56	-817.64	8,319.60	-5.45%
1-790-602	ADMIN SUPPLIES	642.00	119.56	0.00	119.56	0.00	18.62%
1-790-604	BUILDING SUPPLIES	0.00	0.00	0.00	0.00	320.49	0.00%
1-790-605	GENERAL SUPPLIES	9,000.00	278.26	226.21	2,962.34	3,824.59	32.91%
1-790-606	SAFETY EQUIPMENT	0.00	0.00	199.95	0.00	0.00	0.00%
1-790-607	CLEANING SUPPLIES	1,000.00	227.45	45.34	803.19	464.95	80.32%
1-790-608	HEALTH/FIRST AID	1,000.00	0.00	0.00	52.97	92.28	5.30%
1-790-609	COPIER SUPPLIES / MAINTENANCE AGI	5,350.00	164.85	0.00	1,393.13	1,266.32	26.04%
1-790-610	Operational Fees, Permits, & Certificati	9,500.00	0.00	0.00	3,883.82	3,142.17	40.88%
1-790-613	SECURITY	15,000.00	0.00	0.00	0.00	0.00	0.00%
ExpCategory 6 - SUPPLIES Total:		56,492.00	589.68	9,055.06	8,397.37	17,430.40	14.86%
ExpCategory: 7 - MAINTENANCE							
1-790-703	GROUNDS MAINT	0.00	96.91	0.00	96.91	65.73	
1-790-709	OFFICE MACHINE MAINT	2,675.00	0.00	0.00	47.99	117.26	1.79%
1-790-710	HEATING & AIR COND MAINT	749.00	0.00	0.00	125.00	0.00	16.69%
1-790-711	BUILDING MAINT	3,210.00	0.00	0.00	0.00	0.00	0.00%
1-790-712	COMPUTER MAINT	67,000.00	6,008.75	4,247.22	37,129.76	25,798.32	55.42%
ExpCategory 7 - MAINTENANCE Total:		73,634.00	6,105.66	4,247.22	37,399.66	25,981.31	50.79%

		2025-2026 Annual Budget	2025-2026 Dec. Activity	2024-2025 Dec. Activity	2025-2026 YTD Activity	2024-2025 YTD Activity	Percent Used
ExpCategory: 9 - CONTRACT SERVICE							
1-790-902	INSURANCE	96,000.00	2,825.77	2,231.14	16,954.62	13,386.84	17.66%
1-790-904	BANKING SERVICES	58,850.00	4,892.55	4,338.62	32,226.20	26,966.26	54.76%
1-790-905	CLEANING SERVICES	12,840.00	841.23	1,000.00	4,175.19	4,261.05	32.52%
1-790-906	ENGINEERING SERVICES	32,100.00	0.00	0.00	1,011.25	21,950.36	3.15%
1-790-907	COMPUTER PROGRAMING	0.00	0.00	0.00	0.00	0.00	0.00%
1-790-908	CONTRACT LABOR	0.00	0.00	0.00	0.00	0.00	0.00%
1-790-909	LEGAL SERVICES	40,000.00	2,847.50	8,545.75	16,111.00	49,581.00	40.28%
1-790-910	ACCOUNTING SERVICES	62,800.00	20,000.00	6,500.00	20,000.00	17,125.00	31.85%
1-790-911	POSTAGE	50,000.00	2,023.92	2,516.22	13,158.81	16,960.66	26.32%
1-790-912	PUBLIC NOTICES	5,000.00	172.78	331.93	1,559.52	1,858.15	31.19%
1-790-921	ONE CALL PHONE LINE	0.00	0.00	0.00	0.00	0.00	0.00%
1-790-922	ONE CALL LOCATE CHARGES	8,000.00	802.4	2,400.00	3,609.20	5,264.00	45.12%
1-790-950	BAD DEBT	115,000.00	0.00	-1,761.67	0.00	57,829.78	0.00%
1-790-953	INTEREST EXPENSE	110,000.00	43,090.00	46,560.00	43,090.00	46,560.00	39.17%
1-790-954	BOARD COMPENSATION	900.00	0.00	0.00	450	450.00	50.00%
1-790-955	RETURNED CHECKS	0.00	0.00	0.00	0.00	0.00	0.00%
1-790-956	SECURITY	30,000.00	0.00	2,745.00	0.00	2,745.00	0.00%
1-790-957	CONTRIBUTIONS	0.00	0.00	0.00	0.00	0.00	0.00%
1-790-958	ECONOMIC DEVELOPMENT	10,300.00	0.00	0.00	10,252.00	10,239.00	99.53%
1-790-960	Bank Adjustment	0.00	0.00	0.00	0.00	-832.14	0.00%
1-790-962	Penalties & Interest	0.00	0.00	16.17	-1,360.60	16.17	
ExpCategory 9 - CONTRACT SERVICE Total:		631,790.00	77,496.15	75,423.16	161,237.19	274,361.13	25.52%
Department 790 - OFFICE Total:		1,972,100.00	158,805.67	172,136.96	663,352.56	836,590.45	33.64%

DETAILED WATER WORKS BALANCE SHEET

Balance Sheet

Account Summary

As Of 12/31/2025

Account	Name	Balance
Fund: 1 - WATER FUND		
Assets		
1-101-000	CASH ON HAND	1,238.00
1-102-000	PETTY CASH	300.00
1-103-000	CASH IN BANK	8,137,613.94
1-105-000	LESS : SINKING FUNDS	-696,856.54
1-130-000	ACCOUNTS RECEIVABLE	631,436.67
1-130-001	ACCOUNTS RECEIVABLE-AMP	-5,469.20
1-130-002	UNAPPLIED CREDITS	-64,651.64
1-130-004	NON CURRENT RECEIVABLES	35,762.97
1-131-000	MISC AR BILLINGS	120,680.25
1-131-002	MISC AR UNAPPLIED CREDITS	-71,559.58
1-132-000	INTEREST RECEIVABLE	6,999.08
1-137-000	PREPAID INSURANCE	253,044.45
1-139-000	PREPAID BILLING SUPPLIES	0.00
1-140-000	MERCHANDISE FOR RESALE	0.00
1-141-000	PREPAID LIME SLUDGE	-233,000.00
1-142-000	PREPAID COMPUTER MAINT	31,791.96
1-144-000	DERECHO DAMAGER TRACKING ACCT	0.00
1-145-000	SINKING FUND	696,856.54
1-151-000	TEMP CASH INVESTMENT	308,024.74
1-154-000	CAPITAL RESERVE INVESTMEN	514,417.60
1-156-000	IMPROVEMENT FUND	-100,000.00
1-170-000	LAND	1,115,720.58
1-171-000	CONSTRUCTION IN PROGRESS	3,533,179.06
1-172-000	PLANT & SOURCE OF SUPPLY	21,700,865.04
1-173-000	ACCUMULATED DEPR - PLANT	-11,776,233.11
1-174-000	DISTRIBUTION SYSTEM & PIPE	18,134,912.82
1-175-000	ACCUM DEPR DISTRIBUTION	-5,063,212.28
1-176-000	METERS	4,845,372.69
1-177-000	ACCUM DEPR - METERS	-1,503,949.41
1-178-000	MACHINE & EQUIPMENT	734,338.87
1-179-000	ACCUM DEPR - MACH & EQUIP	-441,971.58
1-180-000	VEHICLES	461,100.09
1-181-000	ACCUM DEPR - VEHICLES	-313,014.60
1-182-000	CAPITAL IMPROVEMENTS	113,916.16
1-183-000	ACCUM DEPR - CAPITAL IMPROVEME	-93,531.11
1-184-000	CAPITAL IMPROV - BUILDINGS	880,945.13
1-185-000	ACCUM DEPR - BUILDINGS	-538,950.74
1-186-000	OFFICE EQUIPMENT	593,897.91
1-187-000	ACCUM DEPR - OFFICE EQUIPMENT	-469,360.23
1-188-000	BOOSTER STATION	220,652.58
1-189-000	ACCUM DEPR - BOOSTER STATION	-112,212.40
1-191-000	UNBILLED WATER USAGE	667,760.07
1-192-000	Deferred Outflow - Pension	32,121.00
1-193-000	Deferred Outflow Resources - IPERS	290,047.00
Total Assets:		42,579,022.78
		<u>42,579,022.78</u>
Liability		
1-220-000	ACCOUNTS PAYABLE	521,431.63
1-221-000	A/P PENDING	-20,920.17
1-222-004	PAYABLE TO LANDFILL FUND	0.00
1-223-000	DEFERRED AMP REVENUE	-5,606.12
1-225-001	CURRENT REFUNDS PAYABLE	6,583.73
1-226-000	BOND INTEREST PAYABLE	7,654.00

Balance Sheet

As Of 12/31/2025

Account	Name	Balance
1-228-001	FEDERAL WITHHOLDING	0.00
1-228-002	FICA/MED WITHHOLDING	5,296.45
1-228-003	STATE WITHHOLDING	0.00
1-228-004	UNITED WAY	0.00
1-228-005	UNION DUES	0.00
1-228-006	INS WITHHELD	0.00
1-228-007	PRETAX INSURANCE WITHHELD	0.00
1-228-008	UNREIMB MEDICAL	0.00
1-228-010	PENSION	2,232.61
1-228-011	IPERS	4,437.04
1-228-012	COBRA	-4.59
1-228-014	INS DEDUCTIBLE WITHHELD	-62,904.23
1-228-015	VOLUNTARY LIFE INSURANCE	0.00
1-228-016	CHILD SUPPORT	0.00
1-228-017	AFLAC	18.18
1-228-018	DENTAL INSURANCE WITHHELD	10.00
1-228-019	VISION INSURANCE WITHHELD	0.00
1-228-020	ACCRUED VACATION	193,084.22
1-228-021	ACCRUED PAYROLL	72,255.40
1-228-022	HSA	0.00
1-229-000	ACCRUED SALES TAX	41,219.84
1-229-001	AR MISC STATE SALES TAX	-375.79
1-229-002	AR MISC CITY SALES TAX	297.89
1-229-003	AR MISC SCHOOL SALES TAX	0.00
1-239-000	SRF LOAN	2,348,174.33
1-240-000	WA REVENUE CAPITAL LOAN NOTE	5,626,461.24
1-242-000	Deferred Inflow of Resources - Pension	34,430.00
1-243-000	Deferred Inflows of Resources - IPERS	10,389.00
1-244-000	Net Pension Liability-Pension	1,132,109.00
1-245-000	Net Pension Liabilities -IPERS	503,612.00
	Total Liability:	10,419,885.66
Equity		
1-270-000	RETAINED EARNINGS	29,704,893.88
	Total Beginning Equity:	29,704,893.88
Total Revenue		5,771,227.78
Total Expense		3,316,984.54
Revenues Over/Under Expenses		2,454,243.24
	Total Equity and Current Surplus (Deficit):	32,159,137.12
	Total Liabilities, Equity and Current Surplus (Deficit):	42,579,022.78

Pooled Cash Report

Marshalltown Water Works, IA

For the Period Ending 12/31/2025

ACCOUNT #	ACCOUNT NAME	BEGINNING BALANCE	CURRENT ACTIVITY	CURRENT BALANCE	
<u>CLAIM ON CASH</u>					
1-103-000	CASH IN BANK	6,689,812.64	1,447,801.30	8,137,613.94	
2-103-000	CLAIM ON CASH IN BANK	362,549.39	131,272.93	493,822.32	
3-103-000	CLAIM ON CASH IN BANK	85,944.35	50,611.63	136,555.98	
4-103-000	CLAIM ON CASH IN BANK	9,826.61	3,715.49	13,542.10	
6-106-000	SEWER DEPOSITS CASH	157,700.30	(395.00)	157,305.30	
7-104-000	WATER DEPOSITS CASH	121,246.74	91.59	121,338.33	
TOTAL CLAIM ON CASH		<u>7,427,080.03</u>	<u>1,633,097.94</u>	<u>9,060,177.97</u>	
<u>CASH IN BANK</u>					
Cash in Bank					
9-103-000	POOLED CASH	7,268,729.73	1,631,977.94	8,900,707.67	
9-106-000	POOL CASH - SW DEPOSITS	158,350.30	1,120.00	159,470.30	
TOTAL: Cash in Bank		<u>7,427,080.03</u>	<u>1,633,097.94</u>	<u>9,060,177.97</u>	
TOTAL CASH IN BANK		<u>7,427,080.03</u>	<u>1,633,097.94</u>	<u>9,060,177.97</u>	
<u>DUE TO OTHER FUNDS</u>					
9-222-000	DUE TO OTHER FUNDS	7,216,974.73	1,629,222.94	8,846,197.67	
9-222-006	DUE TO SW MTR DEPOSITS	210,105.30	3,875.00	213,980.30	
TOTAL DUE TO OTHER FUNDS		<u>7,427,080.03</u>	<u>1,633,097.94</u>	<u>9,060,177.97</u>	
Claim on Cash	9,060,177.97	Claim on Cash	9,060,177.97	Cash in Bank	9,060,177.97
Cash in Bank	9,060,177.97	Due To Other Funds	9,060,177.97	Due To Other Funds	9,060,177.97
Difference	0.00	Difference	0.00	Difference	0.00

ACCOUNT #	ACCOUNT NAME	BEGINNING BALANCE	CURRENT ACTIVITY	CURRENT BALANCE	
<u>ACCOUNTS PAYABLE PENDING</u>					
1-221-000	A/P PENDING	(20,920.17)	0.00	(20,920.17)	
2-221-000	A/P PENDING	0.00	0.00	0.00	
3-221-000	A/P PENDING	0.00	0.00	0.00	
4-221-000	A/P PENDING	0.00	0.00	0.00	
6-221-000	A/P PENDING	0.00	0.00	0.00	
TOTAL ACCOUNTS PAYABLE PENDING		<u>(20,920.17)</u>	<u>0.00</u>	<u>(20,920.17)</u>	
<u>DUE FROM OTHER FUNDS</u>					
9-190-001	DUE FROM WATER FUND	0.00	0.00	0.00	
9-190-002	DUE FROM SEWER FUND	0.00	0.00	0.00	
9-190-003	DUE FROM STORM SEWER FUND	0.00	0.00	0.00	
9-190-004	DUE FROM LANDFILL FUND	0.00	0.00	0.00	
9-190-006	DUE FROM SW MTR DEPOSIT	0.00	0.00	0.00	
TOTAL DUE FROM OTHER FUNDS		<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
<u>ACCOUNTS PAYABLE</u>					
9-221-000	ACCOUNT PAYABLE	0.00	0.00	0.00	
TOTAL ACCOUNTS PAYABLE		<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
AP Pending	(20,920.17)	AP Pending	(20,920.17)	Due From Other Funds	0.00
Due From Other Funds	<u>0.00</u>	Accounts Payable	<u>0.00</u>	Accounts Payable	<u>0.00</u>
Difference	<u>(20,920.17)</u>	Difference	<u>(20,920.17)</u>	Difference	<u>0.00</u>

MARSHALLTOWN WATER WORKS
INVESTMENT BREAKDOWN
DECEMBER 2025

ACCOUNT	FUND	DECEMBER INTEREST RATE	NOVEMBER INTEREST RATE	DATE ISSUED	DATE MATURED	CURRENT VALUE	PREVIOUS VALUE
UNITED BANK & TRUST		1.26%	1.26%	07/01/07	DAILY	\$ 8,875,034.93	\$ 7,246,052.29
UNITED BANK & TRUST - SWEEP ACCT		1.26%	1.25%	07/03/17	DAILY	\$ 1,000.00	\$ 1,000.00
TRANSFER IN TRANSIT(SWEEP TO OP)						\$ 1.13	\$ 0.96
CD 71418 (Farmers Savings Bank)	General	4.24%	4.24%	03/06/25	03/06/26	\$ 100,000.00	\$ 100,000.00
CD 1057780 Pinnacle Bank	Cap Reserve	4.55%	4.55%	12/30/24	12/30/25	\$ -	\$ 300,000.00
CD 400000959017 Alerus	Cap Reserve	3.60%	0.00%	12/30/25	12/30/26	\$ 300,000.00	\$ -
CD 16161 United Bank & Trust	Tower Maintenance	4.06%	4.06%	06/26/25	06/26/26	\$ 150,000.00	\$ 150,000.00
CD 62523 GNB Bank	General	3.78%	3.78%	09/24/25	09/24/26	\$ 100,000.00	\$ 100,000.00
CD 62524 GNB Bank	General	3.78%	3.78%	09/24/25	09/24/26	\$ 100,000.00	\$ 100,000.00
CD 62595 GNB Bank	General	3.70%	0.00%	10/22/25	10/22/26	\$ 100,000.00	\$ 100,000.00
SUB TOTAL						\$ 9,726,036.06	\$ 8,097,053.25

CURRENT TOTAL \$ 9,726,036.06

Current Average Monthly Yield 1.515%

LAST MONTH TOTAL \$8,097,053.25

Last Month Average Monthly Yield 1.563%

LAST YEAR TOTAL \$7,420,993.40

Last Year Average Monthly Yield 1.608%

MARSHALLTOWN WATER WORKS

CAPITAL IMPROVEMENTS

JULY 1, 2025 - JUNE 30, 2026

AS OF DECEMBER 31, 2025

	Project		BUDGET	EXPENDITURES				REMAINING
	#		2025-2026	2025-2026	2024-2025	PRIOR YEARS	PROJECT TOTAL	EXPENDITURES
1172-000-PLANT & SOURCE OF SUPPLY								
Inspect/Rehab 2 Wells	135	21904	\$200,000.00			\$699,778.89	\$699,778.89	\$200,000.00
Chemical Feed System upgrades	143	12005	\$10,000.00			\$12,168.02	\$12,168.02	\$10,000.00
Treatment Expansion Design/Engineering	144	12006	\$4,702,075.00	\$128,252.08	\$35,940.74	\$2,911,095.52	\$3,075,288.34	\$4,537,882.18
RO Membrane Treatment Process Train Construction	169	12503	\$12,000,000.00	\$1,188,964.63		\$0.00	\$1,188,964.63	\$10,811,035.37
Wellfield Expansion	148	22101	\$750,000.00	\$103,194.99	\$4,224.21	\$251,450.43	\$358,869.63	\$642,580.80
Plumbing Replacement	163	12501	\$50,000.00	\$10,857.80		\$48,101.61	\$58,959.41	\$39,142.20
Electrical Upgrades			\$69,500.00			\$464.10	\$464.10	\$69,500.00
HVAC Replacement	164	12502	\$245,000.00			\$8,700.00	\$8,700.00	\$245,000.00
Valve and Actuator Replacement			\$50,000.00			\$0.00	\$0.00	\$50,000.00
1170-000-LAND								
1174-000-DISTRIBUTION SYSTEM								
Valve and Hydrant Replacement			\$25,000.00			\$31,538.77	\$31,538.77	\$25,000.00
West High St Main Replacement	162	32403	\$225,000.00	\$54,396.80	\$241.50	\$149,490.86	\$204,129.16	\$170,361.70
City/MWW Projects								
- Main Street	165	32501	\$500,000.00		\$250,000.00		\$250,000.00	\$250,000.00
1176-000 - METERS								
Meter Replacement Program	155	92301	\$25,000.00			\$2,771,784.84	\$2,771,784.84	\$25,000.00
1178-000 - EQUIPMENT								
Excavator			\$150,000.00	\$93,922.04			\$93,922.04	\$56,077.96
1180-000-VEHICLES							\$0.00	\$0.00
1182-000-GENERAL							\$0.00	\$0.00
1184-000-BUILDING								
Alley Resurfacing	166	52501	\$25,000.00		\$12,702.64		\$12,702.64	\$12,297.36
Replace Flooring	167	52502					\$0.00	\$0.00
1186-000-OFFICE EQUIPMENT							\$0.00	\$0.00
Computer Replacements	156	102201	\$10,000.00			\$67,122.84	\$67,122.84	\$10,000.00
Mail Stuffer/Folder			\$5,000.00					\$5,000.00
Cybersecurity			\$50,000.00					\$50,000.00
Work Order Program								\$0.00
1188-000 BOOSTER STATION								
VFD	168	72501	\$30,000.00					\$30,000.00
Total FY 25-26			\$19,121,575.00	\$1,579,588.34	\$303,109.09	\$6,951,695.88	\$8,834,393.31	\$17,238,877.57

**PENSION COMMITTEE CHARTER
FOR THE
SUPPLEMENTAL PENSION SYSTEM OF THE MARSHALLTOWN WATER WORKS**

INTRODUCTION

Marshalltown Water Works established the Supplemental Retirement System of the Marshalltown Water Works (the “**Plan**”) effective September 1953, as amended from time-to-time and restated effective March 1, 2025, to provide its employees with supplemental pension benefits. The Plan is attached hereto as Exhibit A. Marshalltown Water Works is the Employer and Administrator of the Plan. The Marshalltown Water Works Board of Trustees is the Trustee of the Plan (the “**Plan Trustee**”). Marshalltown Water Works has delegated Plan Administrator Authority to its General Manager. The pension committee (“**Pension Committee**”) has been appointed by the Employer and the Plan Trustee to assist and provide recommendations regarding the administration and operation of the Plan, subject to oversight by the Plan Trustee. Capitalized terms used but not defined herein shall have the meanings ascribed to such terms in the Plan. Exhibit B provides an additional summary of the roles and responsibilities relating to the Plan.

PURPOSE

The Pension Committee is established by and operates under the authority delegated by the Employer and the Plan Trustee. The purpose of the Pension Committee is to aid in and provide recommendations related to the administration, investment, compliance and fiduciary responsibilities associated with the Plan. The Pension Committee shall assist the Employer, the Plan Administrator, and the Plan Trustee by providing review, expertise, and recommendations on matters related to the prudent management and operation of the Plan in accordance with applicable laws, fiduciary duties, and the governing documents of the Plan.

AUTHORITY

The Pension Committee derives its authority solely from delegation of the Employer and the Plan Trustee, pursuant to Section 2.2 of the Plan. The Pension Committee has only the authority as expressly granted by the Employer and the Plan Trustee in this Charter or otherwise specifically delegated by written consent of the Employer and the Plan Trustee.

The Employer and the Plan Trustee shall retain fiduciary responsibility and authority for the Plan. Additionally, the Pension Committee shall at all times remain subject to the oversight, review, and direction of the Employer and the Plan Trustee.

ROLES AND RESPONSIBILITIES

The Pension Committee shall have the following roles and responsibilities:

Plan Administration:

- Monitor the administration of the Plan to ensure compliance with Plan documents, the Employee Retirement Income Security Act of 1974 (“**ERISA**”), the Internal Revenue Code, and other applicable laws and regulations.
- Review and provide comments / recommendations regarding the effectiveness and performance of third-party administrators and other Plan service providers.
- Review and provide comments / recommendations regarding the provisions of the Plan.
- Consider and advise on the sums of money necessary or desirable to be contributed to the Plan.

- Review and provide comments/recommendations regarding procedures for notifying Participants and Beneficiaries of their rights to elect a Qualified Joint and Survivor Annuity and Qualified Pre-Retirement Survivor Annuity.

Investment Oversight:

- Recommend and review the Plan's investment policy and related guidelines.
- Evaluate investment performance, fees, and expenses on a regular basis.
- Review and advise on the selection, monitoring, and, if necessary, recommendations regarding replacement of investment managers and funds.

Compliance and Risk Management:

- Review any audit findings, actuarial reports, and compliance findings.

Reporting and Communication:

- Report regularly to the Plan Trustee regarding Pension Committee activities, decisions, and recommendations.
- Maintain accurate minutes of meetings and provide such minutes to the Plan Trustee, as requested or required.

MEMBERSHIP AND MEETINGS

Composition: Members of the Pension Committee shall consist of four members ("**Member(s)**") as follows:

- One Member shall be a trustee of the Plan Trustee and shall be appointed by the Plan Trustee.
- One Member shall be the General Manager of the Employer.
- Two Members shall be elected by Participants of the Plan other than the General Manager of the Employer. Such elected Members shall hold office for a period of three years.

Any Member may resign at any time for any reason. A Member shall automatically cease to be a Member upon the termination of the Members employment with the Employer or the termination of the Member's membership with the Plan Trustee, as the case may be. The successor of any outgoing Member shall be appointed or elected in the same manner as the outgoing Member was appointed or elected to membership on the Pension Committee and will serve the remainder of their predecessor's term.

Compensation: No fee or similar compensation shall be paid to any Member for their services to the Pension Committee.

Chairperson: The General Manager of the Employer shall serve as the Chairperson of the Pension Committee. The Chairperson shall preside over meetings, make all decisions on behalf of the Pension Committee, set meeting agendas, and act as the primary liaison to the Plan Trustee.

Meetings: The Pension Committee shall meet at least annually, or more frequently as circumstances require. Special meetings may be called by the General Manager or by any two other Members.

Quorum: A majority of Pension Committee Members shall constitute a quorum.

Conflicts of Interest: No Advisory Board member shall have any right to vote or decide upon any manner relating solely to himself/herself or to any of his/her rights or benefits under the Plan.

REVIEW OF CHARTER

This Charter shall be reviewed at least annually by the Pension Committee, and any recommended changes shall be submitted to the Plan Trustee for approval.

LIMITATION

Nothing in this Charter shall be construed to transfer or diminish the fiduciary authority of the Employer and the Plan Trustee, which shall retain full and final responsibility for the administration and management of the Plan.

MARSHALLTOWN WATER WORKS

By: _____
Zach Maxfield, General Manager and Secretary

Exhibit A
Supplemental Retirement System of the Marshalltown Water Works

Exhibit B
Summary of Roles and Responsibilities of Supplemental Retirement System of the Marshalltown Water Works

****The following summary of the roles and responsibilities of the Plan is provided for general informational purposes only and does not constitute the governing terms of the Plan. This summary is not intended to be, and should not be, relied upon as a complete or current statement of the roles and responsibilities under the Plan. The official and most up-to-date source of rights, obligations, and responsibilities is the most recent version of the Plan document itself, which should be reviewed in full for authoritative guidance****

Administrator: Marshalltown Water Works, as the Employer, is the Administrator of the Plan.

Employer: The Employer is Marshalltown Water Works and any successor which shall maintain the Plan and any predecessor that has maintained the Plan. In addition, where appropriate, the term Employer includes any Participating Employer which has adopted this Plan.

Fiduciary: A Fiduciary is any person who (a) exercises any discretion or authority or discretionary control respecting the management of the Plan or exercises any authority or control respecting the management or disposition of its assets, (b) renders investment advice for a fee or other compensation, direct or indirect, with respect to any monies or other property of the Plan or has any authority or responsibility to do so, or (c) has any discretionary authority or discretionary responsibility in the administration of the Plan.

Investment Manager: The Investment Manager is any entity that (a) has the power to manage, acquire, or dispose of Plan assets, and (b) acknowledges fiduciary responsibility to the Plan in writing. Such entity must be a person, firm, or corporation registered as an investment adviser under the Investment Advisers Act of 1940, a bank, or an insurance company.

Participating Employer: A Participating Employer is an Employer which, with the consent of the "Lead Employer" adopts the Plan. In addition, unless the context means otherwise, the term "Employer" includes any Participating Employer which adopts this Plan.

Trustee: The Trustee is the Marshalltown Water Works Board of Trustees, and any successors.

**RESOLUTION FOR ESTABLISHING A PENSION COMMITTEE AND DELEGATING
PLAN ADMINISTRATOR DUTIES**

WHEREAS, the Marshalltown Water Works Board of Trustees (the “**Board**”) is responsible for the prudent oversight, management, and administration of the Supplemental Retirement System of the Marshalltown Water Works (the “**Plan**”);

WHEREAS, the Board desires to delegate certain oversight responsibilities relating to the administration, investment, and compliance of the Plan to a committee (the “**Pension Committee**”) in order to enhance fiduciary governance and efficiency, while retaining fiduciary responsibility as required by law;

WHEREAS, the Board has reviewed and considered the proposed Pension Committee Charter setting forth the purpose, authority, responsibilities, and governance framework of the Pension Committee;

WHEREAS, the Board further desires to designate the General Manager of Marshalltown Water Works as the Plan Administrator of the Plan, responsible for carrying out day-to-day administrative functions of the Plan in accordance with applicable law and the governing Plan documents;

NOW, THEREFORE, BE IT:

RESOLVED, that the Board hereby establishes the Pension Committee, effective as of [Date], to serve in accordance with and subject to the terms of the Pension Committee Charter, as may be amended from time to time;

RESOLVED, that the authority of the Pension Committee shall be derived solely from the delegation of the Board, and the Pension Committee shall remain at all times subject to the oversight, direction, and ultimate fiduciary authority of the Board;

RESOLVED, that the General Manager of Marshalltown Water Works is hereby designated to serve as Chairperson of the Pension Committee, with authority to preside over meetings, set agendas, make decisions on behalf of the Pension Committee, and serve as the primary liaison to the Board;

RESOLVED, that the General Manager of Marshalltown Water Works is further designated as the Plan Administrator of the Plan, and in such capacity shall exercise all administrative powers and responsibilities of the Plan Administrator under the terms of the Plan and applicable law, subject to oversight and final decision making by the Board in its sole discretion;

RESOLVED, Members of the Pension Committee shall consist of four members ("**Member(s)**") as follows:

- One Member shall be a trustee of the Plan Trustee and shall be appointed by the Plan Trustee.
- One Member shall be the General Manager of the Employer.
- Two Members shall be elected by Participants of the Plan other than the General Manager of the Employer. Such elected Members shall hold office for a period of three years.

RESOLVED, that the officers and agents of Marshalltown Water Works are authorized and directed to take all such actions as may be necessary or appropriate to carry out the intent and purpose of the foregoing resolutions.

Passed this ____ day of January, 2026 and signed this ____ day of January, 2026.

Laura Eilers, Chairperson

ATTEST:

Zach Maxfield , Secretary



January 6, 2026

Marshalltown Water Works
205 E State Street
PO Box 205
Marshalltown, IA 50158

Attn: Mr. Zach Maxfield

Re: Marshalltown Water Works Reverse Osmosis Membrane Treatment Process Train
Contractor's Payment Application No. 3
DWSRF No. FS-64-23-DWSRF-079
HDR Project No. 10352507
Shank Project No. 1329

Dear Mr. Maxfield,

Transmitted herewith the Contractor's Payment Application No. 3 for the referenced project for the period from November 1, 2025, through November 30, 2025. HDR reviewed the initial application and provided comments to the contractor. HDR has reviewed the final application and recommends payment in the amount of \$956,675.21.

The contractor is now mobilized at the site, so this application includes 50 percent of the mobilization costs. This application also includes costs for approximately 75 percent of the north site removals, 85 percent of the topsoil stripping at the north site, 3 percent of the drilled pier installation, and 2 percent of the mat slab installation. The application also includes costs for stored materials, including the required documentation, for potable water piping, sanitary sewer piping, filter effluent process piping, chemical piping, and pier and mat slab rebar.

Project certified payrolls are also required on this pay application and all future pay applications. The Engineer has reviewed the certified payrolls submitted by Shank Constructors Inc., DM2, Price Industrial Electric, and JR Revar Steel, LLC with Pay Application No. 3. The payrolls are for the period from September 15, 2025, through November 30, 2025. The submitted certified payrolls have been reviewed based on required Davis-Bacon wages for this project. The Contractor is up to date on certified payrolls.

If for any reason an amount other than the amount recommended by HDR is paid on account of this Application for Payment No. 3, please advise so that subsequent applications are prepared to reflect the correct previous payment amount.

If you have any questions, please contact me at 515-280-4962.

Sincerely,
HDR Engineering, Inc.

A handwritten signature in blue ink that reads 'Adam A. Smith'.

Adam A. Smith, PE, CDT
Project Engineer

hdrinc.com

300 E Locust Street Suite 210
Des Moines, IA 50309-1823
(515) 280-4940

Copy: Deborah McElroy, MWW
Bryce Trpkosh, HDR
Walter Smith, Shank Constructors

Shelli Lovell, MWW
Ed Sidle, HDR
Mason Hemmer, Shank Constructors

Contractor's Application for Payment No.

03 (Three)

Application Period: 11/1/2025 to 11/30/2025

Application Date: 11/30/2025

To (Owner):	Marshalltown Water Works Marshalltown, Iowa	From (Contractor):	Shank Constructors, Inc. 3501 85th Avenue North, Brooklyn Park, MN 55443	Via (Engineer):	HDR Engineering, Inc. 300 E. Locust, Suite 210 Des Moines IA
Owner's DWSRF Number:	FS-77-18-DWSRF-016	Contractor's Contract Number:	1329	Engineer's Project Number:	10352507
Project:	Marshalltown Water Works Reverse Osmosis Membrane Treatment Process Train		Contract:	Reverse Osmosis Membrane Treatment Process Train	

Application For Payment - Change Order Summary		
Approved Change Orders		
Number	Additions	Deductions
1		
2		
3		
Totals:	\$ -	\$ -
Net Change by Change Order:	\$	-

1. Original Contract Price.....	\$	57,675,800.00
2. Net change by Change Orders.....	\$	-
3. Current Contract Price (Line 1 ± 2).....	\$	57,675,800.00
4. Total Completed and Stored to Date (Column F on Progress Estimate).....	\$	2,675,529.10
5. Retainage		
a. 3.00% X \$ 2,614,974.00 Work Completed.....	\$	78,449.22
b. 3.00% X \$ 60,555.10 Stored Material.....	\$	1,816.65
c. Early Release of Retainage.....	\$	-
d. Total Retainage (Line 5a + Line 5b - Line 5c).....	\$	80,265.87
6. Amount Eligible to Date (Line 4 - Line 5d).....	\$	2,595,263.23
7. Less Previous Payments (Line 6 from prior Application).....	\$	1,638,588.02
8. Amount Due This Application.....	\$	956,675.21
9. Balance to Finish, Plus Retainage (Column G on Progress Estimate + Line 5 above).....	\$	55,080,536.77

Payment of: \$956,675.21
(Line 8 or other - attach explanation of the other amount)

is recommended by: _____ 01/06/2026
(Engineer) (Date)

Payment of: \$956,675.21
(Line 8 or other - attach explanation of the other amount)

is approved by: _____
(Owner) (Date)

Approved by: _____
Funding Agency (if applicable) (Date)

Contractor's Certification

The undersigned Contractor certifies, to the best of its knowledge, the following:

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

By: Walter Smith Date: 11-26-25

General Subcontractors

	A	B	C	D	E	F	G	H	I
1	Progress Estimate - Lump Sum Work						Contractor's Application		
2	For (Contract): Marshalltown Water Works 6 MGD RO Membrane					Application Number:	03 (Three)		
3									
4	Application Period:	11/1/2025	to	11/30/2025	Application Date:	11/30/2025			
5									
6	A		B	Work Completed		E	F		G
7				C	D				
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
9	Division 01 - General Requirements								
10	01.01	Bonds & Insurance	\$ 1,153,516.00	\$ 1,153,516.00			\$ 1,153,516.00	100.00%	\$ -
11	01 29 73	Mobilization #1	\$ 576,758.00	\$ 175,000.00	\$ 401,758.00		\$ 576,758.00	100.00%	\$ -
12	01 29 73	Mobilization #2	\$ 576,758.00	\$ -			\$ -	0.00%	\$ 576,758.00
13	01 29 73	Demobilization	\$ 576,758.00	\$ -			\$ -	0.00%	\$ 576,758.00
14	Division 03 - Concrete								
15		Precast (SUBCONTRACTED - TBD)	\$ 1,763,300.00	\$ -			\$ -	0.00%	\$ 1,763,300.00
16	Division 04 - Masonry								
17		Masonry (SUBCONTRACTED - Masonry Inc.)	\$ 113,657.00	\$ -			\$ -	0.00%	\$ 113,657.00
18	Division 05 - Metals								
19		Metals Fabrications (SUBCONTRACTED - TBD)	\$ 956,000.00	\$ -			\$ -	0.00%	\$ 956,000.00
20	Division 06 - Wood, Plastics, and Composites								
21		Fiberglass Grating (SUBCONTRACTED - TBD)	\$ 125,000.00	\$ -			\$ -	0.00%	\$ 125,000.00
22	Division 07 - Thermal and Moisture Protection								
23	07 54 19	Roofing (SUBCONTRACTED - TBD)	\$ 368,826.00	\$ -			\$ -	0.00%	\$ 368,826.00
24	Division 08 - Openings								
25	08 16 13	Fiberglass Doors and Hardware (SUBCONTRACTED - TBD)	\$ 151,229.00	\$ -			\$ -	0.00%	\$ 151,229.00
26	08 31 00	Access Doors (SUBCONTRACTED - TBD)	\$ 18,804.00	\$ -			\$ -	0.00%	\$ 18,804.00
27	08 33 22	Overhead Doors (SUBCONTRACTED - TBD)	\$ 75,995.00	\$ -			\$ -	0.00%	\$ 75,995.00
28	08 51 13	Aluminum Windows and Glazing (SUBCONTRACTED - TBD)	\$ 44,650.00	\$ -			\$ -	0.00%	\$ 44,650.00
29	Division 09 - Finishes								
30		Coatings and Sealant (SUBCONTRACTED - Area Pro Painting)	\$ 765,000.00	\$ -			\$ -	0.00%	\$ 765,000.00

General Subcontractors

	A	B	C	D	E	F	G	H	I
6				Work Completed					
7	A		B	C	D	E	F		G
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
31	Division 10 - Specialties								
32		Specialties (SUBCONTRACTED - TBD)	\$ 28,951.00	\$ -			\$ -	0.00%	\$ 28,951.00
33	Division 21 - Fire Suppression								
34		Fire Protection (SUBCONTRACTED - Summit Fire Protection)	\$ 140,000.00	\$ -			\$ -	0.00%	\$ 140,000.00
35	Division 22 - Plumbing								
36		Plumbing (SUBCONTRACTED - TBD)	\$ 800,000.00	\$ -			\$ -	0.00%	\$ 800,000.00
37	Division 23 - Heating, Ventilating, and Air Conditioning (HVAC)								
38		HVAC (SUBCONTRACTED - All Iowa Mechanical)	\$ 1,586,900.00						\$ 1,586,900.00
39	Division 26 - Electrical								
40		Electrical & Controls (SUBCONTRACTED - Price Electric)	\$ 9,317,355.00	\$ -			\$ -	0.00%	\$ 9,317,355.00
41	Division 31- Earthwork								
42	31 23 19	Dewatering (SUBCONTRACTED - TBD)	\$ 2,061,600.00	\$ -			\$ -	0.00%	\$ 2,061,600.00
43	31 63 29	Drilled Piers (SUBCONTRACTED - DM2)	\$ 3,148,310.00	\$ -	\$ 89,000.00		\$ 89,000.00	2.83%	\$ 3,059,310.00
44	Division 32- Exterior Improvements								
45	32 12 16	Asphalt Concrete Vehicular Paving (SUBCONTRACTED - TBD)	\$ 33,055.00	\$ -			\$ -	0.00%	\$ 33,055.00
46	32 13 13	Concrete Pavement (SUBCONTRACTED - TBD)	\$ 192,260.00	\$ -			\$ -	0.00%	\$ 192,260.00
47	32 31 19	Chain Link Fence and Gates (SUBCONTRACTED - TBD)	\$ 55,455.00	\$ -			\$ -	0.00%	\$ 55,455.00
48	32 92 00	Seeding Landscaping and Erosion Control (SUBCONTRACTED - Stevens Erosion Control)	\$ 74,200.00	\$ -			\$ -	0.00%	\$ 74,200.00
49	Division 33 - Utilities								
50	33 31 11	Trenchless Crossings (SUBCONTRACTED - Rognes Corp)	\$ 1,428,685.00	\$ -			\$ -	0.00%	\$ 1,428,685.00
51	Division 40 - Process Interconnections								
52	40 05 51	Process Valve Package (SUBCONTRACTED - TBD)	\$ 2,226,375.00	\$ -			\$ -	0.00%	\$ 2,226,375.00
53	Division 41 - Material Processing and Handling Equipment								

General Subcontractors

	A	B	C	D	E	F	G	H	I
6	A		B	Work Completed		E	F		G
7				C	D				
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
54	41 22 13	Hoists and Cranes (SUBCONTRACTED - TBD)	\$ 38,240.00	\$ -			\$ -	0.00%	\$ 38,240.00

General Subcontractors

	A	B	C	D	E	F	G	H	I
6	A		B	Work Completed		E	F		G
7				C	D				
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
55	Division 43 - Process Gas and Liquid Handling, Purification and Storage Equipment								
56	43 11 33	Rotary Lobe Blowers (SUBCONTRACTED - TBD)	\$ 177,101.00	\$ -			\$ -	0.00%	\$ 177,101.00
57	43 21 22	Horizontal Split Case Pumps (SUBCONTRACTED - TBD)	\$ 502,700.00	\$ -			\$ -	0.00%	\$ 502,700.00
58	43 23 25	Mag Drive Pumps (SUBCONTRACTED - TBD)	\$ 13,200.00	\$ -			\$ -	0.00%	\$ 13,200.00
59	43 24 27	Vertical Turbine Pumps (SUBCONTRACTED - TBD)	\$ 325,852.00	\$ -			\$ -	0.00%	\$ 325,852.00
60	43 25 13	Submersible End Suction Pumps (SUBCONTRACTED - TBD)	\$ 46,503.00	\$ -			\$ -	0.00%	\$ 46,503.00
61	43 41 43	Polyethylene Chemical Tanks (SUBCONTRACTED - TBD)	\$ 219,604.00	\$ -			\$ -	0.00%	\$ 219,604.00
62	Division 46 - Water and Wastewater Equipment								
63	46 33 11	Chemical Feed Systems (SUBCONTRACTED - TBD)	\$ 645,000.00	\$ -			\$ -	0.00%	\$ 645,000.00
64	46 51 22	Forced Draft Aerator (SUBCONTRACTED - TBD)	\$ 139,000.00	\$ -			\$ -	0.00%	\$ 139,000.00
65	46 61 13	Filter Media (SUBCONTRACTED - TBD)	\$ 147,380.00	\$ -			\$ -	0.00%	\$ 147,380.00
66	46 61 23	Gravity Filter and Troughs (SUBCONTRACTED - Orthos Liquid Systems)	\$ 481,000.00	\$ -			\$ -	0.00%	\$ 481,000.00
67		RO Filter System Package (SUBCONTRACTED - Harn RO)	\$ 2,423,921.00	\$ -			\$ -	0.00%	\$ 2,423,921.00
68	BUILDING SUMMARY								
69	01	Sitework Summary	\$ 11,065,989.00	\$ 112,450.00	\$ 140,715.00	\$ 39,974.94	\$ 293,139.94	2.65%	\$ 10,772,849.06
70	02	Sand Road High Service Pump Summary	\$ 195,640.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 195,640.00
71	04	Existing WTP Summary	\$ 41,765.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 41,765.00
72	10	Sand Road Detention Tank Summary	\$ 1,599,420.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 1,599,420.00
73	11	Sand Road Treament Building Summary	\$ 6,976,815.00	\$ 248,300.00	\$ 294,235.00	\$ 20,580.16	\$ 563,115.16	8.07%	\$ 6,413,699.84
74	12	Sand Road Chemical Building Summary	\$ 1,719,500.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 1,719,500.00
75	13	Chemical and Pump Building Summary	\$ 2,557,773.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 2,557,773.00
76	CHANGE ORDERS								
77			\$ -	\$ -			\$ -		\$ -

General Subcontractors

	A	B	C	D	E	F	G	H	I
6	A		B	Work Completed		E	F		G
7				C	D				
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
78			\$ -	\$ -			\$ -		
79			\$ -	\$ -			\$ -		
80		Total	\$ 57,675,800.00	\$ 1,689,266.00	\$ 925,708.00	\$ 60,555.10	\$ 2,675,529.10	4.64%	\$ 55,000,270.90

Site Work

	A	B	C	D	E	F	G	H	I	
1	Progress Estimate - Lump Sum Work					Contractor's Application				
2	For (Contract):	Marshalltown Water Works 6 MGD RO Membrane				Application Number:	03 (Three)			
3										
4	Application Period:	11/1/2025	to	11/30/2025	Application Date:	11/30/2025				
5										
6	A		B	Work Completed		E	F		G	
7				C	D					
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)	
9	SITE 01									
10		South Site Removals	\$ 92,685.00	\$ -			\$ -	0.00%	\$ 92,685.00	
11		North Site Removals	\$ 225,807.00	\$ 112,450.00	\$ 56,905.00		\$ 169,355.00	75.00%	\$ 56,452.00	
12	Division 03 - Concrete									
13		Site Misc Concrete	\$ 250,000.00	\$ -			\$ -	0.00%	\$ 250,000.00	
14		Lagoon Concrete	\$ 196,425.00	\$ -			\$ -	0.00%	\$ 196,425.00	
15	Division 31- Earthwork									
16		South Strip Top Soil	\$ 35,750.00	\$ -			\$ -	0.00%	\$ 35,750.00	
17		North Site Strip Top Soil	\$ 98,600.00	\$ -	\$ 83,810.00		\$ 83,810.00	85.00%	\$ 14,790.00	
18		South Site Grading	\$ 57,700.00	\$ -			\$ -	0.00%	\$ 57,700.00	
19		North Site Grading	\$ 150,350.00	\$ -			\$ -	0.00%	\$ 150,350.00	
20		Paving Prep	\$ 25,730.00	\$ -			\$ -	0.00%	\$ 25,730.00	
21	Division 33 - Utilities									
22		Finish Water 1	\$ 1,661,548.00	\$ -			\$ -	0.00%	\$ 1,661,548.00	
23		Finish Water 2	\$ 3,463,512.00	\$ -			\$ -	0.00%	\$ 3,463,512.00	
24		Raw Water	\$ 1,747,346.00	\$ -			\$ -	0.00%	\$ 1,747,346.00	
25		Finish Water 3	\$ 455,560.00	\$ -			\$ -	0.00%	\$ 455,560.00	
26		RSD Force Main	\$ 1,273,882.00	\$ -			\$ -	0.00%	\$ 1,273,882.00	
27		Sanitary Sewer	\$ 299,698.00	\$ -		\$ 12,134.50	\$ 12,134.50	4.05%	\$ 287,563.50	
28		Potable Water	\$ 283,554.00	\$ -		\$ 17,986.16	\$ 17,986.16	6.34%	\$ 265,567.84	
29		Natural Gas	\$ 133,314.00	\$ -			\$ -	0.00%	\$ 133,314.00	
30		RSD Lagoons	\$ 239,480.00	\$ -			\$ -	0.00%	\$ 239,480.00	
31		Decant	\$ 285,401.00	\$ -			\$ -	0.00%	\$ 285,401.00	
32		Chemical	\$ 89,647.00	\$ -		\$ 9,854.28	\$ 9,854.28	10.99%	\$ 79,792.72	
33										
34		Total	\$ 11,065,989.00	\$ 112,450.00	\$ 140,715.00	\$ 39,974.94	\$ 293,139.94	2.65%	\$ 10,772,849.06	

	A	B	C	D	E	F	G	H	I			
1	Progress Estimate - Lump Sum Work						Contractor's Application					
2	For (Contract):	Marshalltown Water Works 6 MGD RO Membrane				Application Number:	03 (Three)					
3												
4	Application Period:	11/1/2025	to	11/30/2025	Application Date:	11/30/2025						
5												
6	A		B	Work Completed		E	F		G			
7				C	D							
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)			
9	BUILDING 02 - SAND ROAD HIGH SERVICE PUMP BUILDING											
10			\$ -				\$ -		\$ -			
11	Division 03 - Concrete											
12		Concrete	\$ 36,360.00	\$ -			\$ -	0.00%	\$ 36,360.00			
13	Division 40 - Process Interconnections											
14		Process Pipe and Fittings	\$ 122,110.00	\$ -			\$ -	0.00%	\$ 122,110.00			
15		Process Equipment Installation	\$ 18,620.00	\$ -			\$ -	0.00%	\$ 18,620.00			
16		Process Pipe Hangers and Supports	\$ 1,620.00	\$ -			\$ -	0.00%	\$ 1,620.00			
17		Process Valves	\$ 8,860.00	\$ -			\$ -	0.00%	\$ 8,860.00			
18		Process Pipe Misc Accessories	\$ 8,070.00	\$ -			\$ -	0.00%	\$ 8,070.00			
19												
20		Total	\$ 195,640.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 195,640.00			

	A	B	C	D	E	F	G	H	I
1	Progress Estimate - Lump Sum Work Contractor's Application								
2	For (Contract):	Marshalltown Water Works 6 MGD RO Membrane				Application Number:	03 (Three)		
3									
4	Application Period:	11/1/2025	to	11/30/2025	Application Date:	11/30/2025			
5									
6	A		B	Work Completed		E	F		G
7				C	D				
	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
9	BUILDING 04 - EXISTING WATER TREATMENT PLANT BUILDING								
10				\$ -			\$ -		\$ -
11	Division 40 - Process Interconnections								
12		Process Pipe and Fittings - Chem	\$ 21,990.00	\$ -			\$ -	0.00%	\$ 21,990.00
13		Process Equipment Installation	\$ 5,000.00	\$ -			\$ -	0.00%	\$ 5,000.00
14		Process Pipe Hangers and Supports	\$ 6,515.00	\$ -			\$ -	0.00%	\$ 6,515.00
15		Process Valves	\$ 1,350.00	\$ -			\$ -	0.00%	\$ 1,350.00
16		Process Pipe Misc Accessories	\$ 6,910.00	\$ -			\$ -	0.00%	\$ 6,910.00
17				\$ -			\$ -		\$ -
18		Total	\$ 41,765.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 41,765.00

Building 10 SRDT

	A	B	C	D	E	F	G	H	I
1	Progress Estimate - Lump Sum Work					Contractor's Application			
2	For (Contract): Marshalltown Water Works 6 MGD RO Membrane					Application Number:	03 (Three)		
3									
4	Application Period:	11/1/2025	to	11/30/2025	Application Date:	11/30/2025			
5									
6	A		B	Work Completed		E	F		G
7				C	D				
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
9	BUILDING 10 - SAND ROAD DETENTION TANK								
10				\$ -			\$ -		\$ -
11	Division 03 - Concrete								
12		Concrete Encasement	\$ 22,500.00	\$ -			\$ -	0.00%	\$ 22,500.00
13		Base Slab	\$ 297,950.00	\$ -			\$ -	0.00%	\$ 297,950.00
14		Walls	\$ 566,140.00	\$ -			\$ -	0.00%	\$ 566,140.00
15		Elevated Slab	\$ 323,440.00	\$ -			\$ -	0.00%	\$ 323,440.00
16		Misc Concrete	\$ 4,500.00	\$ -			\$ -	0.00%	\$ 4,500.00
17	Division 31- Earthwork								
18		Excavation	\$ 328,020.00	\$ -			\$ -	0.00%	\$ 328,020.00
19	Division 40 - Process Interconnections								
20		Process Pipe and Fittings	\$ 56,870.00	\$ -			\$ -	0.00%	\$ 56,870.00
21				\$ -			\$ -		\$ -
22		Total	\$ 1,599,420.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 1,599,420.00

Building 11 SR Treatment

	A	B	C	D	E	F	G	H	I			
1	Progress Estimate - Lump Sum Work					Contractor's Application						
2	For (Contract): Marshalltown Water Works 6 MGD RO Membrane					Application Number:		03 (Three)				
3												
4	Application Period:		11/1/2025		to	11/30/2025		Application Date:		11/30/2025		
5												
6	A		B		Work Completed		E		F		G	
7					C	D						
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)			
9	BUILDING 11 - SAND ROAD TREATMENT BUILDING											
10				\$ -			\$ -		\$ -			
11	Division 03 - Concrete											
12		Concrete Encasements	\$ 245,660.00	\$ -			\$ -	0.00%	\$ 245,660.00			
13		Mat Slab	\$ 1,335,430.00	\$ -	\$ 12,000.00	\$ 14,772.00	\$ 26,772.00	2.00%	\$ 1,308,658.00			
14		Slab on Grade	\$ 307,710.00	\$ -			\$ -	0.00%	\$ 307,710.00			
15		Walls	\$ 1,942,510.00	\$ -			\$ -	0.00%	\$ 1,942,510.00			
16		Elevated Slab	\$ 167,850.00	\$ -			\$ -	0.00%	\$ 167,850.00			
17		Topping	\$ 190,840.00	\$ -			\$ -	0.00%	\$ 190,840.00			
18		Misc	\$ 196,120.00	\$ -			\$ -	0.00%	\$ 196,120.00			
19	Division 06 - Wood, Plastics, and Composites											
20		Roof Blocking	\$ 18,010.00	\$ -			\$ -	0.00%	\$ 18,010.00			
21	Division 07 - Thermal and Moisture Protection											
22		Therm & Moisture	\$ 18,167.00	\$ -			\$ -	0.00%	\$ 18,167.00			
23	Division 08 - Openings											
24		Doors and Hardware	\$ 13,520.00	\$ -			\$ -	0.00%	\$ 13,520.00			
25	Division 31- Earthwork											
26		Excavation	\$ 707,380.00	\$ 248,300.00	\$ 282,235.00		\$ 530,535.00	75.00%	\$ 176,845.00			

Building 11 SR Treatment

	A	B	C	D	E	F	G	H	I
6	A		B	Work Completed		E	F		G
7				C	D				
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
27	Division 40 - Process Interconnections								
28	BWA	Process Pipe and Fittings	\$ 118,880.00	\$ -			\$ -	0.00%	\$ 118,880.00
29	BWA	Process Pipe Hangers and Supports	\$ 11,125.00	\$ -			\$ -	0.00%	\$ 11,125.00
30	BWA	Process Valves	\$ 1,180.00	\$ -			\$ -	0.00%	\$ 1,180.00
31	BWA	Process Pipe Misc Accessories	\$ 4,125.00	\$ -			\$ -	0.00%	\$ 4,125.00
32	BWS	Process Pipe and Fittings	\$ 6,010.00	\$ -			\$ -	0.00%	\$ 6,010.00
33	BWW	Process Pipe and Fittings	\$ 190,750.00	\$ -			\$ -	0.00%	\$ 190,750.00
34	BWW	Process Valves	\$ 3,985.00	\$ -			\$ -	0.00%	\$ 3,985.00
35	CA	Process Pipe and Fittings	\$ 18,860.00	\$ -			\$ -	0.00%	\$ 18,860.00
36	CA	Process Pipe Hangers and Supports	\$ 11,230.00	\$ -			\$ -	0.00%	\$ 11,230.00
37	CA	Process Valves	\$ 4,380.00	\$ -			\$ -	0.00%	\$ 4,380.00
38	CA	Process Pipe Misc Accessories	\$ 1,115.00	\$ -			\$ -	0.00%	\$ 1,115.00
39	CHEMC	Process Pipe and Fittings	\$ 18,100.00	\$ -			\$ -	0.00%	\$ 18,100.00
40	CHEMC	Process Pipe Hangers and Supports	\$ 9,270.00	\$ -			\$ -	0.00%	\$ 9,270.00
41	CHEMC	Process Valves	\$ 869.00	\$ -			\$ -	0.00%	\$ 869.00
42	CHEMC	Process Pipe Misc Accessories	\$ 2,360.00	\$ -			\$ -	0.00%	\$ 2,360.00
43	CIPSR	Process Pipe and Fittings	\$ 41,900.00	\$ -			\$ -	0.00%	\$ 41,900.00
44	CIPSR	Process Pipe Hangers and Supports	\$ 29,430.00	\$ -			\$ -	0.00%	\$ 29,430.00
45	CIPSR	Process Valves	\$ 2,025.00	\$ -			\$ -	0.00%	\$ 2,025.00
46	CIPSR	Process Pipe Misc Accessories	\$ 1,114.00	\$ -			\$ -	0.00%	\$ 1,114.00
47	CON	Process Pipe and Fittings	\$ 16,260.00	\$ -			\$ -	0.00%	\$ 16,260.00
48	CON	Process Pipe Hangers and Supports	\$ 10,970.00	\$ -			\$ -	0.00%	\$ 10,970.00
49	FE	Process Pipe and Fittings	\$ 149,170.00	\$ -		\$ 5,808.16	\$ 5,808.16	3.89%	\$ 143,361.84
50	FE	Process Valves	\$ 6,790.00	\$ -			\$ -	0.00%	\$ 6,790.00
51	FI	Process Pipe and Fittings	\$ 129,400.00	\$ -			\$ -	0.00%	\$ 129,400.00
52	FI	Process Pipe Hangers and Supports	\$ 11,300.00	\$ -			\$ -	0.00%	\$ 11,300.00
53	FI	Process Valves	\$ 3,990.00	\$ -			\$ -	0.00%	\$ 3,990.00
54	PER	Process Pipe and Fittings	\$ 301,950.00	\$ -			\$ -	0.00%	\$ 301,950.00
55	PER	Process Pipe Hangers and Supports	\$ 13,670.00	\$ -			\$ -	0.00%	\$ 13,670.00
56	PER	Process Valves	\$ 3,200.00	\$ -			\$ -	0.00%	\$ 3,200.00
57	PER	Process Pipe Misc Accessories	\$ 2,990.00	\$ -			\$ -	0.00%	\$ 2,990.00
58	ROBL	Process Pipe and Fittings	\$ 21,270.00	\$ -			\$ -	0.00%	\$ 21,270.00
59	ROBL	Process Pipe Hangers and Supports	\$ 5,295.00	\$ -			\$ -	0.00%	\$ 5,295.00
60	ROBL	Process Pipe Misc Accessories	\$ 6,750.00	\$ -			\$ -	0.00%	\$ 6,750.00
61	ROF	Process Pipe and Fittings	\$ 471,525.00	\$ -			\$ -	0.00%	\$ 471,525.00

Building 11 SR Treatment

	A	B	C	D	E	F	G	H	I
6	A		B	Work Completed		E	F		G
7				C	D				
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
62	ROF	Process Pipe Hangers and Supports	\$ 13,010.00	\$ -			\$ -	0.00%	\$ 13,010.00
63	ROF	Process Valves	\$ 8,840.00	\$ -			\$ -	0.00%	\$ 8,840.00

Building 11 SR Treatment

	A	B	C	D	E	F	G	H	I
6	A		B	Work Completed		E	F		G
7				C	D				
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
64	ROF	Process Pipe Misc Accessories	\$ 8,250.00	\$ -			\$ -	0.00%	\$ 8,250.00
65	40 12 00	Air Compressors	\$ 35,000.00	\$ -			\$ -	0.00%	\$ 35,000.00
66	Division 43 - Process Gas and Liquid Handling, Purification and Storage Equipment								
67	43 11 33	Rotary Lobe Blower Installation	\$ 4,950.00	\$ -			\$ -	0.00%	\$ 4,950.00
68	43 24 27	Vertical Turbine Pumps Installation	\$ 11,400.00	\$ -			\$ -	0.00%	\$ 11,400.00
69	Division 46 - Water and Wastewater Equipment								
70	46 51 22	Forced Draft Aerator Installation	\$ 7,800.00	\$ -			\$ -	0.00%	\$ 7,800.00
71		RO Skid Installation	\$ 21,450.00	\$ -			\$ -	0.00%	\$ 21,450.00
72	46 61 23	Gravity Filter Equipment Installation	\$ 91,680.00	\$ -			\$ -	0.00%	\$ 91,680.00
73				\$ -			\$ -		
74		Total	\$ 6,976,815.00	\$ 248,300.00	\$ 294,235.00	\$ 20,580.16	\$ 563,115.16	8.07%	\$ 6,413,699.84

	A	B	C	D	E	F	G	H	I			
1	Progress Estimate - Lump Sum Work					Contractor's Application						
2	For (Contract): Marshalltown Water Works 6 MGD RO Membrane					Application Number:	03 (Three)					
3												
4	Application Period:	11/1/2025	to	11/30/2025	Application Date:	11/30/2025						
5												
6	A		B	Work Completed		E	F		G			
7				C	D							
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)			
9	BUILDING 12 - SAND ROAD CHEMICAL BUILDING											
10				\$ -			\$ -		\$ -			
11	Division 03 - Concrete											
12		Base Slab	\$ 250,160.00	\$ -			\$ -	0.00%	\$ 250,160.00			
13		Slab on Grade	\$ 181,690.00	\$ -			\$ -	0.00%	\$ 181,690.00			
14		Walls	\$ 561,660.00	\$ -			\$ -	0.00%	\$ 561,660.00			
15		Misc	\$ 88,170.00	\$ -			\$ -	0.00%	\$ 88,170.00			
16	Division 06 - Wood, Plastics, and Composites											
17			\$ 12,009.00	\$ -			\$ -		\$ 12,009.00			
18	Division 07 - Thermal and Moisture Protection											
19			\$ 12,777.00	\$ -			\$ -		\$ 12,777.00			
20	Division 08 - Openings											
21			\$ 8,349.00	\$ -			\$ -		\$ 8,349.00			
22	Division 31- Earthwork											
23		Excavation	\$ 370,410.00	\$ -			\$ -	0.00%	\$ 370,410.00			
24	Division 40 - Process Interconnections											
25		Process Pipe and Fittings	\$ 72,710.00	\$ -			\$ -	0.00%	\$ 72,710.00			
26		Process Pipe Hangers and Supports	\$ 75,385.00	\$ -			\$ -	0.00%	\$ 75,385.00			
27		Process Valves	\$ 19,640.00	\$ -			\$ -	0.00%	\$ 19,640.00			
28		Process Pipe Misc Accessories	\$ 46,120.00	\$ -			\$ -	0.00%	\$ 46,120.00			
29	Division 41 - Material Processing and Handling Equipment											
30	43 41 43	Chemical Tanks Installation	\$ 20,420.00	\$ -			\$ -	0.00%	\$ 20,420.00			
31				\$ -			\$ -		\$ -			
32		Total	\$ 1,719,500.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 1,719,500.00			

Building 13 Chem n Pump

	A	B	C	D	E	F	G	H	I	
1	Progress Estimate - Lump Sum Work					Contractor's Application				
2	For (Contract):	Marshalltown Water Works 6 MGD RO Membrane				Application Number:	03 (Three)			
3										
4	Application Period:	11/1/2025	to	11/30/2025		Application Date:	11/30/2025			
5										
6	A		B	Work Completed		E	F		G	
7				C	D					
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)	
9	BUILDING 13 - CHEMICAL AND PUMP BUILDING									
10				\$ -			\$ -		\$ -	
11	Division 03 - Concrete									
12		Slabs	\$ 416,320.00	\$ -			\$ -	0.00%	\$ 416,320.00	
13		Walls	\$ 829,060.00	\$ -			\$ -	0.00%	\$ 829,060.00	
14		Misc Concrete	\$ 81,700.00	\$ -			\$ -	0.00%	\$ 81,700.00	
15				\$ -			\$ -		\$ -	
16	Division 06 - Wood, Plastics, and Composites									
17			\$ 10,008.00	\$ -			\$ -		\$ 10,008.00	
18	Division 07 - Thermal and Moisture Protection									
19			\$ 10,650.00	\$ -			\$ -		\$ 10,650.00	
20	Division 08 - Openings									
21			\$ 6,960.00	\$ -			\$ -		\$ 6,960.00	
22	Division 31- Earthwork									
23		Excavation	\$ 709,400.00	\$ -			\$ -	0.00%	\$ 709,400.00	
24	Division 40 - Process Interconnections									
25	BWS	Process Pipe and Fittings	\$ 298,380.00	\$ -			\$ -	0.00%	\$ 298,380.00	
26	BWS	Process Valves	\$ 26,920.00	\$ -			\$ -	0.00%	\$ 26,920.00	
27	BWS	Process Pipe Misc Accessories	\$ 16,260.00	\$ -			\$ -	0.00%	\$ 16,260.00	
28	CHEM	Process Pipe and Fittings	\$ 31,250.00	\$ -			\$ -	0.00%	\$ 31,250.00	
29	CHEM	Process Pipe Hangers and Supports	\$ 11,220.00	\$ -			\$ -	0.00%	\$ 11,220.00	
30	CHEM	Process Valves	\$ 10,780.00	\$ -			\$ -	0.00%	\$ 10,780.00	
31	CHEM	Process Pipe Misc Accessories	\$ 12,070.00	\$ -			\$ -	0.00%	\$ 12,070.00	
32	FW	Process Pipe and Fittings	\$ 12,320.00	\$ -			\$ -	0.00%	\$ 12,320.00	
33	FW	Process Pipe Hangers and Supports	\$ 1,505.00	\$ -			\$ -	0.00%	\$ 1,505.00	
34	FW	Process Valves	\$ 6,220.00	\$ -			\$ -	0.00%	\$ 6,220.00	
35	FW	Process Pipe Misc Accessories	\$ 9,190.00	\$ -			\$ -	0.00%	\$ 9,190.00	
36	Division 41 - Material Processing and Handling Equipment									
37	46 33 11	Chemical Equipment Installation	\$ 10,590.00	\$ -			\$ -	0.00%	\$ 10,590.00	

Building 13 Chem n Pump

	A	B	C	D	E	F	G	H	I
6	A		B	Work Completed		E	F		G
7				C	D				
8	Specification Section Number	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C + D + E)	% (F/B)	Balance to Finish (B - F)
38	Division 43 - Process Gas and Liquid Handling, Purification and Storage Equipment								
39	43 21 22	Horizontal Split Case Pumps Installation	\$ 46,970.00	\$ -			\$ -	0.00%	\$ 46,970.00
40				\$ -			\$ -		\$ -
41		Total	\$ 2,557,773.00	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 2,557,773.00

Stored Material

	A	B	C	D	E	F	G	H	I	J	K			
1	Stored Material Summary										Contractor's Application			
2	For (Contract):		Marshalltown Water Works 6 MGD RO Membrane						Application Number:		03 (Three)			
3	Application Period:		11/1/2025 to 11/30/2025						Application Date:		11/30/2025			
4														
5														
6	A	B			C		D	E	Subtotal Amount Completed and Stored to Date (D + E)	F		G		
7	Specification Section / Bid Item No.	Supplier Invoice Number	Description of Materials or Equipment Stored	Storage Location	Stored Previously		Amount Stored this Month (\$)	Incorporated in Work		Materials Remaining in Storage (\$) (D + E - F)				
8					Date Placed into Storage (Month/Year)	Amount (\$)		Date (Month/ Year)			Amount (\$)			
9														
10														
11	Site 01 - Potable Water	UECO 20061468-000	DI Piping & Fittings	Marshalltown IA - Jobsite	Nov-2025		\$ 17,986.16	\$ 17,986.16			\$ 17,986.16			
12	Site 01 - Sanitary Sewer	UECO 20061469-000	6" & 4" PVC Pipe & Fittings	Marshalltown IA - Jobsite	Nov-2025		\$ 12,134.50	\$ 12,134.50			\$ 12,134.50			
13	Bldg 11 - SR Treatment	Nucor PSI469150A	Pier & Mat Slab Rebar	Marshalltown IA - Jobsite	Nov-2025		\$ 14,772.00	\$ 14,772.00			\$ 14,772.00			
14	Bldg 11 - FE Process Pipe & Fitting	UECO 60006463-000	20" Pipe Flange	Marshalltown IA - Jobsite	Nov-2025		\$ 5,808.16	\$ 5,808.16			\$ 5,808.16			
15	Site 01 - Chemical	UECO 20061912-000	4" PVC Pipe & Fittings	Shank - Johnston IA	Nov-2025		\$ 9,854.28	\$ 9,854.28			\$ 9,854.28			
16														
17														
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36														
37														
38														
39			Totals			\$ -	\$ 60,555.10	\$ 60,555.10		\$ -	\$ 60,555.10			

Payments to Date

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1	Partial Pay Estimates Paid-to-Date													Contractor's Application	
2	For (Contract):	Marshalltown Water Works								Application Number:		03 (Three)			
3		Reverse Osmosis Membrane Treatment Process Train													
4		Marshalltown Water Works 6 MGD RO Membrane								Application Date:		11/30/2025			
5															
6	Application	From:	11/1/2025		To:	11/30/2025		Contractor:	Shank Constructors, Inc.						
7	Period:								3501 85th Avenue North, Brooklyn Park, MN 55443						
8															
9															
10	Original Contract Amount:					\$ 57,675,800.00					Pay Estimates Paid-to-Date				
11															
12	Approved Change Orders:														
13	Number		Date		Amount			Pay Estimate		Date		Amount			
14	1							Number							
15	2							001				\$ 1,118,910.52			
16								002							
17								003							
18								004							
19								005							
20								006							
21								007							
22								008							
23								009							
24								010							
25								011							
26								012							
27								013							
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29								015							
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33								019							
34															
35															
36															
37															
38															
39															
40															
41															
	Revised Contract Amount:					\$ 57,675,800.00					Total Estimates Paid to Date: \$ 1,118,910.52				
	Total Construction Cost: \$ 1,118,910.52														



BRANCHES LOCATED IN:

BETTENDORF - DES MOINES - OMAHA -
PERU, IL - SIOUX CITY and WATERLOO
REMIT TO: PO Box 1290
Bettendorf, IA 52722

INVOICE

Invoice No.: **20061468-000**
Date: **11/21/2025**
Page: **1 of 2**

—For Credit Card Payment, call:
(563) 355-5376 / (800) 541-8356

Sold To:

SHANK CONSTRUCTORS INC
3501 85TH AVE N
BROOKLYN PARK, MN 55443

Ship To:

JUSTIN 515-505-2395
C/O JOB #1329-019 MARSHALLTOWN WW
POTABLE WATER
1956 N CENTER ST RD.
MARSHALLTOWN, IA 50158

At Jobsite

P.O. No.: **1329-019 POTABLE WATER**

Phone: **763-424-8300**
Fax: **763-424-8303**

Terms	Order No./Rel.	Customer No.	SalesRep	Ship Via	Req. Date	Reference
N30/INV DATE	20061468-000	166585	JACK-52	DM TRUCK	11/19/2025	D20061468

FRT ON BOARD DESTINATION, FRT PREPAID & ADDED

Product No.	Description	Ordered	Shipped	B/O	UOM	Unit Price	Extension
TEMJ1608DIL	16" X 8" DI MJ TEE L/ACC SSB	1	1		EA	1295.92	1,295.92
45MJ08DIL	8" DI MJ 45 ELBOW L/ACC SSB	2	2		EA	184.37	368.74
TEMJ0806DIL	8" X 6" DI MJ TEE L/ACC SSB	2	2		EA	285.53	571.06
RJ18060IB	6" X 20' DR18 CERTA-LOK C900 INTEGRAL BELL RJ PIPE	100	100		FT	14.36	1,436.00
45MJ06DIL	6" DI MJ 45 ELBOW L/ACC SSB	1	1		EA	130.53	130.53
90MJ08DIL	8" DI MJ 90 ELBOW L/ACC SSB	1	1		EA	230.88	230.88
PLTP082DI	8" X 2" DI MJ TAPT PLUG SSB	1	1		EA	173.77	173.77
TEMJ0600DIL	6" X 6" DI MJ TEE L/ACC SSB	1	1		EA	228.43	228.43
PLTP062DI	6" X 2" DI MJ TAPT PLUG SSB	1	1		EA	134.62	134.62
REMJ0604DIL	6" X 4" DI MJ REDUCER L/ACC SSB	1	1		EA	93.00	93.00
DCB1MG16	16" DOMESTIC CORE BLUE BOLT & GASKET PACK (BABA)	4	4		EA	121.12	484.48
SSMJ16LDIL	16" DI MJ SOLID SLEEVE LP L/ACC SSB	1	1		EA	894.84	894.84
1116PV	16" MJ RESTRAINT FOR PVC DOMESTIC	4	4		EA	317.41	1,269.64
1116	16" MJ RESTRAINT FOR DIP DOMESTIC	4	4		EA	239.20	956.80
DCB1MG08	8" DOMESTIC CORE BLUE BOLT & GASKET PACK (BABA)	20	20		EA	56.45	1,129.00
1108PV	8" MJ RESTRAINT FOR PVC DOMESTIC	20	20		EA	74.12	1,482.40
DCB1MG06	6" DOMESTIC CORE BLUE BOLT & GASKET PACK (BABA)	10	10		EA	53.95	539.50

Product No.	Description	Ordered	Shipped	B/O	UOM	Unit Price	Extension
2110006	6" SW SEWER CAP	5	5		EA	11.25	56.25
18SDR080	8" X 20' DR18 C900 PVC PIPE	80	80		FT	16.10	1,288.00
RJ18080IB	8" X 20' DR18 CERTA-LOK C900 INTEGRAL BELL RJ PIPE	160	160		FT	24.33	3,892.80
THMJ0806DIL	8" X 6" DI MJ X SWIVEL TEE L/ACC SSB	1	1		EA	392.40	392.40
0618HS	6" x 18" C53-CL HOLDING SPOOL	2	2		EA	208.00	416.00
11MJ08DIL	8" DI MJ 11-1/4 ELL SSB L/ACC	2	2		EA	164.79	329.58
35SDR1060	6" X 14' GSKT'D SDR 35 PVC SEWER PIPE	42	42		FT	4.56	191.52
999S	6'-0" KENNEDY K-81D HYDRANT MARSHALLTOWN, TRIANGLE OP NUT	2	0	2	EA	3487.93	0.00
999S	6'-6" KENNEDY K-81D HYDRANT MARSHALLTOWN, TRIANGLE OP NUT	1	0	1	EA	3487.93	0.00
Sub Total:							17,986.16
Total:							\$ 17,986.16

Special Order items are nonreturnable. **Restocking charges may apply on other returned goods. **A monthly service charge of 1.5% may be assessed on balances past 30-days from invoice date.



BRANCHES LOCATED IN:

BETTENDORF - DES MOINES - OMAHA -
PERU, IL - SIOUX CITY and WATERLOO
REMIT TO: PO Box 1290
Bettendorf, IA 52722

INVOICE

Invoice No.: **20061469-000**
Date: **11/21/2025**
Page: **1 of 1**

—For Credit Card Payment, call:
(563) 355-5376 / (800) 541-8356

Sold To:

SHANK CONSTRUCTORS INC
3501 85TH AVE N
BROOKLYN PARK, MN 55443

Ship To:

JUSTIN 515-505-2395
C/O JOB #1329-018 MARSHALLTOWN WW
WTP SANITARY SEWER
1956 N CENTER ST RD
MARSHALLTOWN, IA 50158

At Jobsite

P.O. No.: **1329-018 WTP MARSHALLTOWN**

Phone: **763-424-8300**
Fax: **763-424-8303**

Terms	Order No./Rel.	Customer No.	SalesRep	Ship Via	Req. Date	Reference
N30/INV DATE	20061469-000	166585	JACK-52	DM TRUCK	11/19/2025	D20061469

FRT ON BOARD DESTINATION, FRT PREPAID & ADDED

Product No.	Description	Ordered	Shipped	B/O	UOM	Unit Price	Extension
80SCH060	6" X 20' SCH80 PVC PIPE	560	560		FT	12.78	7,156.80
D9S05614	4" SCH80 SPIGOT PLUG 849-040F	2	2		EA	91.56	183.12
D9S05615	4" SCH80 SPIGOT X SOCKET 45 BEND 827-040	2	2		EA	55.77	111.54
835040	4" SCH80 FIP ADAPT	2	2		EA	56.53	113.06
D9S04739	4" SCH80 PVC MIPT PLUG	2	2		EA	36.45	72.90
829060	6" SCH80 S/W CPLG	28	28		EA	41.98	1,175.44
D9S05052	6" SCH 80 WYE PART # 875-060	5	5		EA	239.83	1,199.15
D9S05616	6" SCH80 SPIGOT X SOCKET 45 BEND 827-060	5	5		EA	82.62	413.10
D9S05617	6" SCH 80 SOCKET X FIPT ADPT 835-060	5	5		EA	66.93	334.65
D9S05618	6" SCH80 MIPT PLUG 850-060	5	5		EA	43.33	216.65
80SCH040	4" X 20' SCH80 PVC PIPE	60	60		FT	6.62	397.20
829040	4" SCH80 S/W CPLG	3	3		EA	19.51	58.53
D9S04738	LASCO 4" X 4" SCH80 PVC WYE PART # 875-040	4	4		EA	175.59	702.36
Bill Code: 60	** D9S #'s ARE NON-RETURNABLE / NON-REFUNDABLE **	1	1			.00	0.00
999F	FREIGHT= UECO XP	1	1		EA	.00	0.00

Sub Total: 12,134.50
Total: \$ 12,134.50

Special Order items are nonreturnable.Restocking charges may apply on other returned goods. **A monthly service charge of 1.5% may be assessed on balances past 30-days from invoice date.**



BRANCHES LOCATED IN:

BETTENDORF - DES MOINES - OMAHA -
PERU,IL - SIOUX CITY and WATERLOO
REMIT TO: PO Box 1290
Bettendorf, IA 52722

INVOICE

Invoice No.: **60006463-000**
Date: **11/21/2025**
Page: **1 of 1**

--For Credit Card Payment, call:
(563) 355-5376 / (800) 541-8356

Sold To:

SHANK CONSTRUCTORS INC
3501 85TH AVE N
BROOKLYN PARK, MN 55443

Ship To:

JUSTIN 515-520-9648
C/O JOB #1329-028 MARSHALLTOWN WW
WTF / REVERSE OSMOSIS PLANT
2596 SAND ROAD
MARSHALLTOWN, IA 50158

At Jobsite

P.O. No.: **1329-028 WTF MARSHALLTOWN**

Phone: **763-424-8300**
Fax: **763-424-8303**

Terms	Order No./Rel.	Customer No.	SalesRep	Ship Via	Req. Date	Reference
N30/INV DATE	60006463-000	166585	JACK-52	DM TRUCK	11/19/2025	M60006463

FRT ON BOARD DESTINATION, FRT PREPAID & ADDED

Product No.	Description	Ordered	Shipped	B/O	UOM	Unit Price	Extension
M9S02185	20"x 1' 4" CL FLXPE TFS AIS WALL PIPE W/ CAF CENTER. PRIMED RED.	2	2		EA	2904.08	5,808.16
Bill Code: 60	** M9S #'s ARE NON-RETURNABLE / NON-REFUNDABLE **	1	1			.00	0.00
	TAG FE-WP-001, FE-WP-002						

Sub Total: 5,808.16
Total: \$ 5,808.16

Special Order items are nonreturnable.Restocking charges may apply on other returned goods. **A monthly service charge of 1.5% may be assessed on balances past 30-days from invoice date.**

**BRANCHES LOCATED IN:**

BETTENDORF - DES MOINES - OMAHA -
PERU, IL - SIOUX CITY and WATERLOO
REMIT TO: PO Box 1290
Bettendorf, IA 52722

INVOICE

Invoice No.: **20061912-000**
Date: **11/21/2025**
Page: **1 of 1**

--For Credit Card Payment, call:
(563) 355-5376 / (800) 541-8356

Sold To:

SHANK CONSTRUCTORS INC
3501 85TH AVE N
BROOKLYN PARK, MN 55443

Ship To:

JUSTIN 515-520-9648
C/O JOB #1329-032 MARSHALLTOWN WW
C/O CUSTOMER SHOP
6250 NW BEAVER DR. SUITE A6
JOHNSTON, IA 50131

P.O. No.: **1329-032 WTP MARSHALLTOWN**

Phone: **763-424-8300**
Fax: **763-424-8303**

Terms	Order No./Rel.	Customer No.	SalesRep	Ship Via	Req. Date	Reference
N30/INV DATE	20061912-000	166585	JACK-52	DM TRUCK	11/20/2025	D20061912

FRT ON BOARD DESTINATION, FRT PREPAID & ADDED

Product No.	Description	Ordered	Shipped	B/O	UOM	Unit Price	Extension
80SCH040	4" X 20' SCH80 PVC PIPE	1000	1000		FT	6.62	6,620.00
817040	4" SCH80 S/W 45	44	44		EA	55.77	2,453.88
829040	4" SCH80 S/W CPLG	40	40		EA	19.51	780.40

Sub Total: 9,854.28

Total: \$ 9,854.28

11-24-25

These Materials are Currently Stored
at Shank Constructors Office in
Johnston Iowa. See Attached Pictures.

Special Order items are nonreturnable.Restocking charges may apply on other returned goods. **A monthly service charge of 1.5% may be assessed on balances past 30-days from invoice date.**



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/25/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Holmes Murphy & Associates 2727 Grand Prairie Parkway Waukee, IA 50263		PHONE (A/C, No, Ext): 800-247-7756	COMPANY Travelers Property Casualty Co. America One Tower Square Hartford, CT 06183	
FAX (A/C, No):	E-MAIL ADDRESS: mailroom@holmesmurphy.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: SHACONPC2				
INSURED Shank Constructors, Inc. 3501 85th Ave N Brooklyn Park MN 55443			LOAN NUMBER	POLICY NUMBER QT6307W349561
			EFFECTIVE DATE 09/01/2025	EXPIRATION DATE 09/01/2026
			<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Installation Floater - All Jobsites, Each Occurrence
Property in Transit Limit
Temporary Storage Limit

\$3,000,000
\$250,000
\$250,000

\$5,000
\$5,000
\$5,000

REMARKS (Including Special Conditions)

Storage Location: 6250 NW Beaver DR. Suite A6 Johnston, IA 50131
Description of the Materials Stored: 1000 feet of Sch80 PVC Pipe, 44 units of 4" sch 80 S/W 45, 40 units of 4" sch80 S/W CPLG
Stored Material Value: \$9,854.28

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

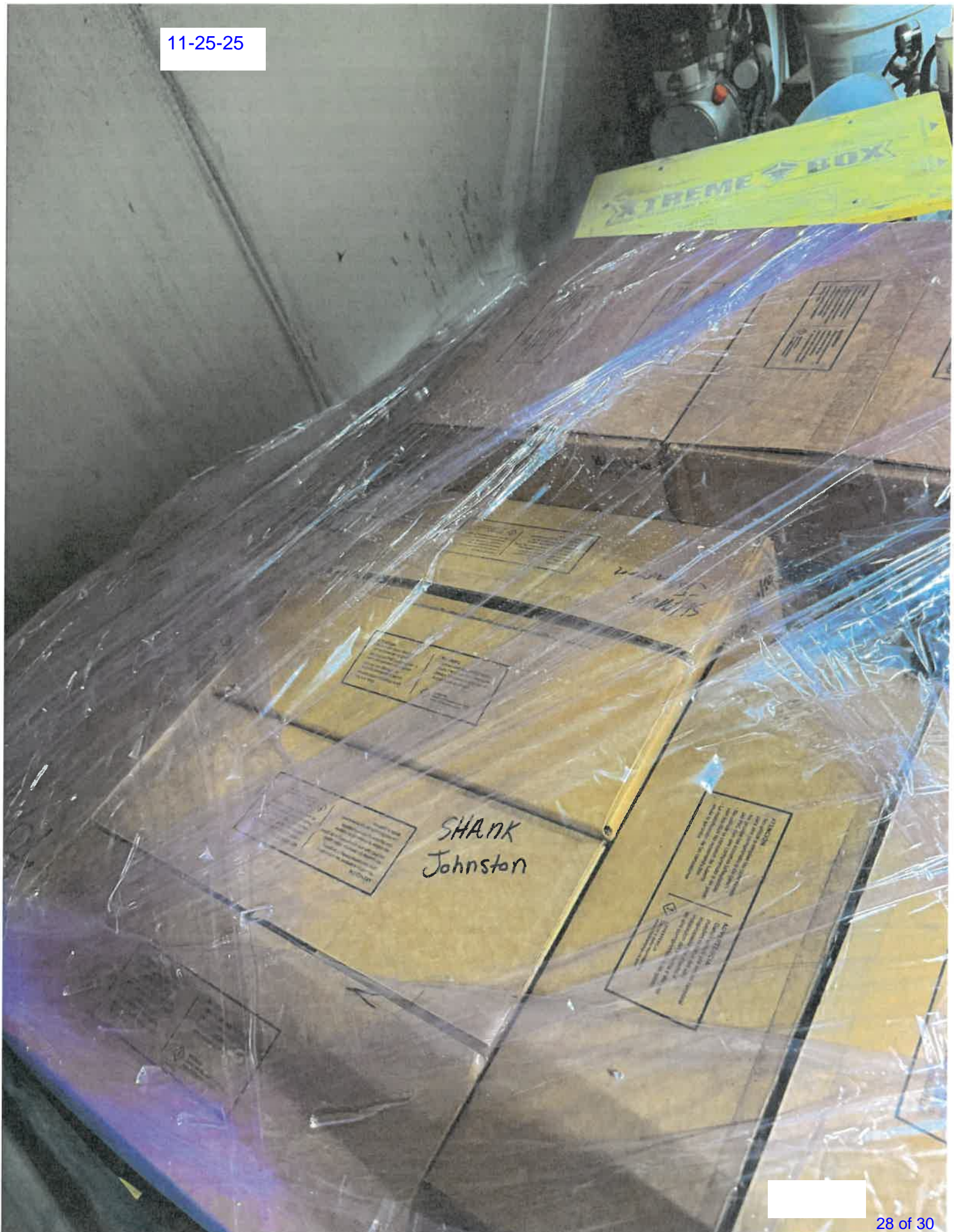
ADDITIONAL INTEREST

NAME AND ADDRESS Marshalltown Water Works 205 E State Street Marshalltown, IA 50158	<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input type="checkbox"/>	MORTGAGEE				
	LOAN #					
	AUTHORIZED REPRESENTATIVE					

11-25-25




11-25-25



11-25-25

Westlake
Pipe & Fittings

This Material is Stored at
Marshalltown Jobsite

		Nucor Rebar Fabrication Midwest LLC		Page: 1	
		INVOICE			
		For Billing Inquiries: Tyann Wheeler 260-572-1336 tyann.wheeler@nucor.com			
Invoice No.: PSI469150A		Application No.: 1.00		Invoice Date: 11/16/25	
Bill Thru Date: 11/16/25					
Mail-To: S12385-1 Shank Constructors Inc. Email: ap@shankconstructors.com		Cust No: S12385 Terms: Net 30 Days Cust PO No.: SC-1329-003 Cust. Job No.: 1329		Job No.: 00525195 FP - Marshalltown Water Works 6 MGD RO Mem Process Train 1956 N Center St Rd Marshalltown, IA 50158	

CONTRACT SUMMARY		CONTRACT			TOTAL TO DATE		PREVIOUS TO DATE		THIS INVOICE	
Summary Line Item	Quantity	UM	Rate	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount
Less: Previously Invoiced						26,771.99				26,771.99
				AMOUNT DUE & PAYABLE		\$ 26,771.99				\$ 26,771.99

Shipment Detail:
BL546352A 11/13/25

Remit To: Nucor Rebar Fabrication Midwest LLC Attn: DEPT 10 2720 Dupont Commerce Court, Suite 200 Fort Wayne, IN 46825	NO STATEMENTS ISSUED - PLEASE PAY BY INVOICE A SERVICE CHARGE OF 18% PER ANNUM WILL BE CHARGED ON OVERDUE ACCOUNTS
---	---

Do NOT accept new or changed remittance directions without calling 260-927-3075 to confirm the legitimacy of the request.

U.S. Department of Labor Wage and Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

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

WHD

U. S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																		
Marshalltown WTP 6 MGD RO		1329		1		Shank Constructors Inc																		
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																		
1956 N Center St Rd				09/21/25		3501 85th Avenue North Brooklyn Pa MN 55443																		
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)		(9)								
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK	
							Mon Tue Wed Thu Fri Sat Sun												TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY SEE INSTRUCTIONS)	TOTAL DEDUCTIONS		
							HOURS WORKED EACH DAY																	
	Ginther	Shane	R	1536		33 Plumber Gen	ST				2.0	7.0		9.00	51.08	211.77	19.85	419.61	2078.33	332.34	159.00	86.15	841.74	1430.57
							OT								0.00		0.00			70.21		0.00		
							ST																	
							OT																	
							ST																	
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							OT																	

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown WTP 6 MGD RO Plant		1329		1		Shank Constructors Inc							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Rd				09/21/2025		Kathy Stapes Office Manager							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	33 National P	FB NAME	33 Local Pen	FB NAME	33 Health &	FB NAME	33 Education	FB NAME	33 Industry F	FB NAME	33 Intl Trainin	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Ginther, Shane	Hourly Credit \$ 3.48		Hourly Credit \$ 10.05		Hourly Credit \$ 8.12		Hourly Credit \$ 1.50		Hourly Credit \$ 0.28		Hourly Credit \$ 0.10		\$ 23.53
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER							
				11/05/2025		(763) 424-8300							
						EMAIL ADDRESS							
						kstapes@shankconstructors.com							
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown WTP 6 MGD RO Plant		1329		1		Shank Constructors Inc							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Rd				09/21/2025		Kathy Stapes Office Manager							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Ginther, Shane	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER			EMAIL ADDRESS				
				11/05/2025		(7 6 3) 4 2 4 - 8 3 0 0			kstapes@shankconstructors.com				
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>													

U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form

Wage and Hour Division

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

Unless otherwise noted, the information requested is specific to the named project below.

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

WHD

U. S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM☒ PRIME CONTRACTOR☐ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																				
Marshalltown WTP 6 MGD RO		1329		2		Shank Constructors Inc																				
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																				
1956 N Center St Rd				10/05/25		3501 85th Avenue North Brooklyn Pa MN 55443																				
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)		(9)										
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK		
								Mon	Tue	Wed	Thu	Fri	Sat	Sun						TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS			
								09/29/00	09/30/00	10/01/00	10/02/00	10/03/00	10/04/00	10/05/00												
	Brunk	Nathaniel	R	1023		177 Laborer Jo	ST	10.0								10.00	39.00	135.90	1.00	361.00	2625.80	200.69	177.92	285.51	734.90	1890.87
							OT										0.00		0.00			70.81		0.00		
	McFarlin	Michael	T	6752		234 Operating	ST	14.0	11.0							25.00	43.17	461.70	19.25	1099.50	3096.50	482.38	219.67	43.89	845.54	2251.01
							OT										0.00		0.00			99.58		0.00		
	Phillip	Ordnas		5329		177 Laborer Jo	ST	7.0								7.00	35.80	95.10	0.70	251.30	1364.20	0.00	104.36	73.72	207.74	1156.47
							OT										0.00		0.00			29.65		0.00		
							ST																			
							OT																			
							ST																			
							OT																			
							ST																			
							OT																			

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME										
Marshalltown WTP 6 MGD RO Plant	1329	2	Shank Constructors Inc										
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE										
1956 N Center St Rd		10/05/2025	Kathy Stapes Office Manager										
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/>	The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.												
<input checked="" type="checkbox"/>	All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.												
<input checked="" type="checkbox"/>	The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.												
<input checked="" type="checkbox"/>	Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.												
APPRENTICESHIP PROGRAM NAME		REGISTERED	NAME OF LABOR CLASSIFICATION										
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/>	Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.												
HOURLY CREDIT FOR FRINGE BENEFITS													
<i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>													
NAME OF WORKER	FB NAME	234 Health &	FB NAME	234 Pension	FB NAME	234 Apprentice	FB NAME	234 HHCA	FB NAME	234 WPF	FB NAME	234 C.U.R.E.	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Brunk Nathaniel	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
McFarlin Michael	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
Phillip Ordnas	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL		DATE	TELEPHONE NUMBER										
		11/05/2025	(7 6 3) 4 2 4 - 8 3 0 0										
		EMAIL ADDRESS											
		kstapes@shankconstructors.com											
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown WTP 6 MGD RO Plant		1329		2		Shank Constructors Inc							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Rd				10/05/2025		Kathy Stapes Office Manager							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	177 Health &	FB NAME	177 HRA	FB NAME	177 National	FB NAME	177 Training/	FB NAME	177 HHCAF	FB NAME	177 WPF Wo	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Brunk Nathaniel	Hourly Credit	\$ 7.80	Hourly Credit	\$ 0.20	Hourly Credit	\$ 4.74	Hourly Credit	\$ 0.55	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	\$ 13.59
McFarlin Michael	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Phillip Ordnas	Hourly Credit	\$ 7.80	Hourly Credit	\$ 0.20	Hourly Credit	\$ 4.74	Hourly Credit	\$ 0.55	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	\$ 13.59
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER							
				11/05/2025		(7 6 3) 4 2 4 - 8 3 0 0							
						EMAIL ADDRESS							
						kstapes@shankconstructors.com							
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347Instr.htm)

Unless otherwise noted, the information requested is specific to the named project below.

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WHD

U.S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM☒ PRIME CONTRACTOR☐ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																		
Marshalltown WTP 6 MGD RO		1329		3		Shank Constructors Inc																		
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																		
1956 N Center St Rd				10/12/25		3501 85th Avenue North Brooklyn Pa MN 55443																		
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)		(9)								
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
								Mon	Tue	Wed	Thu	Fri	Sat	Sun						10/06	10/07	10/08	10/09	
	Ayala	Edgar		5701			ST							10.00	46.00	0.00	0.00	460.00	2065.00	97.31	140.76	191.58	479.91	1585.10
							OT								0.00		0.00			50.25		0.00		
	Brunk	Nathaniel	R	1023		177 Laborer Jo	ST							10.00	39.00	0.00	1.00	351.00	1593.50	85.82	104.69	235.03	459.91	1133.53
							OT								0.00		0.00			34.43		0.00		
	DeHaven	Randell	S	3901		177 Laborer Jo	ST							10.00	34.13	0.00	1.00	342.30	1519.20	139.95	104.74	74.26	362.31	1156.99
							OT								0.00		0.00			43.26		0.00		
	Ginther	Shane	R	1536		33 Plumber Gen	ST	2.00	1.00					3.00	51.08	70.50	6.63	159.80	2991.00	514.76	217.35	108.29	929.50	2051.40
							OT								0.00		0.00			99.19		0.00		
	Phillip	Ordnas		5329		177 Laborer Jo	ST							10.00	35.80	0.00	1.00	359.00	673.50	0.00	41.20	29.10	70.30	603.20
							OT								0.00		0.00			0.00		0.00		
	Sodomin	Brian	D	1047		234 Operating	ST							12.00	39.05	406.30	9.24	1071.30	2336.20	319.71	167.25	38.50	599.71	1736.48
							OT							10.00	58.58		7.70			74.31		0.00		
							ST																	
							OT																	
							ST																	
							OT																	

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers have received legally required wages and fringe benefits.

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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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown WTP 6 MGD RO Plant		1329		3		Shank Constructors Inc							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Rd				10/12/2025		Kathy Stapes Office Manager							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
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<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	33 National P	FB NAME	33 Local Pen	FB NAME	33 Health &	FB NAME	33 Education	FB NAME	33 Industry F	FB NAME	33 Intl Trainin	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Brunk Nathaniel	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
DeHaven Randell	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Ginther Shane	Hourly Credit	\$ 3.48	Hourly Credit	\$ 10.05	Hourly Credit	\$ 8.12	Hourly Credit	\$ 1.50	Hourly Credit	\$ 0.28	Hourly Credit	\$ 0.10	\$ 23.53
Phillip Ordnas	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Sodomini Brian	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER							
				11/05/2025		(763) 424-8300							
						EMAIL ADDRESS							
						kstapes@shankconstructors.com							
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME										
Marshalltown WTP 6 MGD RO Plant	1329	3	Shank Constructors Inc										
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE										
1956 N Center St Rd		10/12/2025	Kathy Stapes Office Manager										
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME		REGISTERED	NAME OF LABOR CLASSIFICATION										
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
<i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>													
NAME OF WORKER	FB NAME	234 Health &	FB NAME	234 Pension	FB NAME	234 Apprentic	FB NAME	234 HHCA	FB NAME	234 WPF	FB NAME	234 C.U.R.E.	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
Ayala Edgar	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	\$ 0.00
Brunk Nathaniel	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
DeHaven Randell	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Ginther Shane	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Phillip Ordnas	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Sodomin Brian	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL					DATE		TELEPHONE NUMBER			EMAIL ADDRESS			
					11/05/2025		(7 6 3) 4 2 4 - 8 3 0 0			kstapes@shankconstructors.com			
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>													

U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form

Wage and Hour Division

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

Unless otherwise noted, the information requested is specific to the named project below.

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

WHD

U.S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

☒ PRIME CONTRACTOR

☐ SUBCONTRACTOR

PROJECT NAME				PROJECT NO. or CONTRACT NO.				CERTIFIED PAYROLL NO.				PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME												
Marshalltown WTP 6 MGD RO				1329				4				Shank Constructors Inc												
PROJECT LOCATION				WAGE DETERMINATION NO.				WEEK ENDING DATE				PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS												
1956 N Center St Rd								10/19/25				3501 85th Avenue North Brooklyn Pa MN 55443												
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)	
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
								Mon	Tue	Wed	Thu	Fri	Sat	Sun						TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								10/13	10/14	10/15	10/16	10/17	10/18	10/19										
HOURS WORKED EACH DAY																								
	Ayala	Edgar		5701			ST	10.00	10.00	10.00	10.00			40.00	46.00	0.00	0.00	2530.00	2530.00	178.90	193.55	226.08	674.23	1855.77
							OT				10.00		10.00	69.00	0.00	0.00			75.68		0.00			
	Brunk	Nathaniel	R	1023		177 Laborer Jo	ST			10.00	9.00		19.00	39.00	0.00	1.90	742.90	742.90	16.60	56.83	201.43	285.53	457.38	
							OT							0.00	0.00	0.00			10.66		0.00			
	Ginther	Shane	R	1536		33 Plumber Gen	ST	2.00					2.00	51.08	47.00	4.42	106.50	2289.50	382.33	175.12	92.82	728.48	1560.77	
							OT							0.00	0.00	0.00			78.22		0.00			
	Phillip	Ordnas		5329		177 Laborer Jo	ST	10.00	10.00	10.00			30.00	35.80	0.00	3.00	1077.00	1220.00	0.00	93.38	65.96	193.55	1037.07	
							OT							0.00	0.00	0.00			24.19		0.00			
	Sodomini	Brian	D	1047		234 Operating	ST		11.00	11.00			33.00	39.05	812.60	25.41	1965.90	1965.80	271.44	150.47	33.88	521.79	1445.10	
							OT			11.00			11.00	58.58		8.47			65.97		0.00			
							ST																	
							OT																	
							ST																	
							OT																	

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210 (over)

PROJECT NAME		PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME									
Marshalltown WTP 6 MGD RO Plant		1329	4	Shank Constructors Inc									
PROJECT LOCATION			WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE									
1956 N Center St Rd			10/19/2025	Kathy Stapes Office Manager									
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/>	The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.												
<input checked="" type="checkbox"/>	All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.												
<input checked="" type="checkbox"/>	The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.												
<input checked="" type="checkbox"/>	Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.												
APPRENTICESHIP PROGRAM NAME		REGISTERED		NAME OF LABOR CLASSIFICATION									
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/>	Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.												
HOURLY CREDIT FOR FRINGE BENEFITS													
<i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>													
NAME OF WORKER	FB NAME	33 National P	FB NAME	33 Local Pen	FB NAME	33 Health &	FB NAME	33 Education	FB NAME	33 Industry F	FB NAME	33 Intl Trainin	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Brunk Nathaniel	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Ginther Shane	Hourly Credit \$	3.48	Hourly Credit \$	10.05	Hourly Credit \$	8.12	Hourly Credit \$	1.50	Hourly Credit \$	0.28	Hourly Credit \$	0.10	23.53
Phillip Ordnas	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Sodomin Brian	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER			EMAIL ADDRESS				
				11/05/2025		(7 6 3) 4 2 4 - 8 3 0 0			kstapes@shankconstructors.com				
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>													

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown WTP 6 MGD RO Plant		1329		4		Shank Constructors Inc							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Rd				10/19/2025		Kathy Stapes Office Manager							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input type="checkbox"/>	The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.												
<input type="checkbox"/>	All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.												
<input type="checkbox"/>	The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.												
<input type="checkbox"/>	Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.												
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input type="checkbox"/>	Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.												
HOURLY CREDIT FOR FRINGE BENEFITS													
<i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>													
NAME OF WORKER	FB NAME	234 Health &	FB NAME	234 Pension	FB NAME	234 Apprentic	FB NAME	234 HHCA	FB NAME	234 WPF	FB NAME	234 C.U.R.E.	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
Avala Edgar	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	\$ 0.00
Brunk Nathaniel	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Ginther Shane	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Phillip Ordnas	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Sodomin Brian	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER		EMAIL ADDRESS					
				11/05/2025		(7 6 3) 4 2 4 - 8 3 0 0		kstapes@shankconstructors.com					
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>													

U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form

Wage and Hour Division

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

Unless otherwise noted, the information requested is specific to the named project below.

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WHD

U. S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																		
Marshalltown WTP 6 MGD RO		1329		5		Shank Constructors Inc																		
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																		
1956 N Center St Rd				10/26/25		3501 85th Avenue North Brooklyn Pa MN 55443																		
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)		(9)								
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
								Mon	Tue	Wed	Thu	Fri	Sat	Sun						TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								10/20/10/2	10/21/10/2	10/22/10/2	10/23/10/2	10/24/10/2	10/25/10/2	10/26/10/2										
HOURS WORKED EACH DAY																								
	Ayala	Edgar		5701			ST	8.0	10.0	0.0	0.0	0.0	0.0	40.00	46.00	0.00	0.00	2254.00	2619.00	223.39	200.35	230.53	719.79	1899.22
							OT							6.00	69.00		0.00			65.51		0.00		
	Brunk	Nathaniel	R	1023		177 Laborer Jo	ST	10.0	11.0	12.0	8.0			40.00	39.00	0.00	4.00	2150.00	2340.00	221.40	179.02	285.78	750.39	1589.67
							OT							10.00	58.50		1.00			64.13		0.00		
	DeHaven	Randell	S	3901		177 Laborer Jo	ST								0.00	0.00	0.00	410.40	2004.50	230.23	136.13	95.90	521.13	1483.41
							OT							8.00	51.20		0.80			58.85		0.00		
	Ginther	Shane	R	1536		33 Plumber Gen	ST							1.00	51.08	23.53	2.21	53.28	3259.10	608.48	249.38	110.50	1074.79	2185.20
							OT								0.00	0.00				106.34		0.00		
	McFarlin	Michael	T	6752		234 Operating	ST							11.00	43.17	203.17	8.47	463.30	2365.70	359.20	180.99	35.42	647.80	1717.95
							OT								0.00	0.00				72.19		0.00		
	Sodomin	Brian	D	1047		234 Operating	ST	11.0	11.0	11.0	7.0			40.00	39.05	541.97	30.80	2245.63	2245.63	332.76	171.79	39.27	629.39	1625.22
							OT							11.00	58.58		8.47			76.56		0.00		
							ST																	
							OT																	
							ST																	
							OT																	

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210 (over)

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
Marshalltown WTP 6 MGD RO Plant	1329	5	Shank Constructors Inc
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
1956 N Center St Rd		10/26/2025	Kathy Stapes Office Manager

☒ I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

☒ The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

☒ All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

☒ The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

☒ Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

☒ Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	33 National P	FB NAME	33 Local Pen	FB NAME	33 Health &	FB NAME	33 Education	FB NAME	33 Industry F	FB NAME	33 Intl Trainin	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Ayala Edgar	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Brunk Nathaniel	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
DeHaven Randell	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Ginther Shane	Hourly Credit	\$ 3.48	Hourly Credit	\$ 10.05	Hourly Credit	\$ 8.12	Hourly Credit	\$ 1.50	Hourly Credit	\$ 0.28	Hourly Credit	\$ 0.10	\$ 23.53
McFarlin Michael	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Sodomin Brian	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

☒ All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	11/05/2025	(7 6 3) 4 2 4 - 8 3 0 0	kstapes@shankconstructors.com

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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME										
Marshalltown WTP 6 MGD RO Plant	1329	5	Shank Constructors Inc										
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE										
1956 N Center St Rd		10/26/2025	Kathy Stapes Office Manager										
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME		REGISTERED	NAME OF LABOR CLASSIFICATION										
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
<i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>													
NAME OF WORKER	FB NAME	234 Health &	FB NAME	234 Pension	FB NAME	234 Apprentic	FB NAME	234 HHCA	FB NAME	234 WPF	FB NAME	234 C.U.R.E.	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		\$ 0.00
Brunk Nathaniel	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
DeHaven Randell	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Ginther Shane	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
McFarlin Michael	Hourly Credit \$ 8.40		Hourly Credit \$ 9.00		Hourly Credit \$ 0.75		Hourly Credit \$ 0.10		Hourly Credit \$ 0.20		Hourly Credit \$ 0.02		\$ 18.47
Sodomini Brian	Hourly Credit \$ 8.40		Hourly Credit \$ 9.00		Hourly Credit \$ 0.75		Hourly Credit \$ 0.10		Hourly Credit \$ 0.20		Hourly Credit \$ 0.02		\$ 18.47
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS:													
SIGNATURE OF CERTIFYING OFFICIAL					DATE		TELEPHONE NUMBER			EMAIL ADDRESS			
					11/05/2025		(7 6 3) 4 2 4 - 8 3 0 0			kstapes@shankconstructors.com			
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>													

U.S. Department of Labor Wage and Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

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

WHD

U. S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

☒ PRIME CONTRACTOR

☐ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																		
Marshalltown WTP 6 MGD RO		1329		6		Shank Constructors Inc																		
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																		
1956 N Center St Rd				11/02/25		3501 85th Avenue North Brooklyn Pa MN 55443																		
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)							
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEY/WORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
								Mon	Tue	Wed	Thu	Fri	Sat	Sun						TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								10/27	10/28	10/29	10/30	10/31	11/01	11/02										
	Ayala	Edgar		5701			ST	8.0			8.0	8.0		24.00	46.00	0.00	0.00	1518.00	3392.00	161.56	182.98	219.18	434.33	1757.69
							OT	2.0			2.0	2.0		6.00	69.00		0.00		3392.00	70.59		0.00		
	Brunk	Nathaniel	R	1023		177 Laborer Jo	ST	5.0			8.0	8.0		21.00	39.00	8.00	2.10	1051.38	1927.80	143.94	141.72	260.70	599.24	1328.67
							OT				2.0	2.0		4.00	57.47		0.40		1927.80	52.83		0.00		
	DeHaven	Randell	S	3901		177 Laborer Jo	ST	10.00						10.00	34.13	0.00	1.00	342.30	1519.20	139.95	104.76	74.26	362.21	1156.99
							OT								0.00		0.00		1519.20	43.26		0.00		
	Ginther	Shane	R	1536		33 Plumber Gen	ST	1.00		3.0		1.0		6.00	51.08	141.18	13.20	319.70	2880.50	524.22	220.36	109.41	954.44	1925.82
							OT								0.00		0.00		2880.50	100.69		0.00		
	Sodomini	Brian	D	1047		234 Operating	ST	8.0		5.0		8.0	8.0	32.00	39.05	775.70	24.66	1867.70	1867.60	249.62	142.88	32.34	487.00	1380.65
							OT	3.0		2.0		3.0	2.0	10.00	58.58		7.70		1867.60	62.20		0.00		
							ST																	
							OT																	
							ST																	
							OT																	
							ST																	
							OT																	

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(over)

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown WTP 6 MGD RO Plant		1329		6		Shank Constructors Inc							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Rd				11/02/2025		Kathy Stapes Office Manager							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
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<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
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NAME OF WORKER	FB NAME	33 National P	FB NAME	33 Local Pen	FB NAME	33 Health &	FB NAME	33 Education	FB NAME	33 Industry F	FB NAME	33 Int'l Trainin	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Brunk Nathaniel	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
DeHaven Randell	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Ginther Shane	Hourly Credit \$	3.48	Hourly Credit \$	10.05	Hourly Credit \$	8.12	Hourly Credit \$	1.50	Hourly Credit \$	0.28	Hourly Credit \$	0.10	23.53
Sodomini Brian	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER							
				11/05/2025		(763) 424-8300							
						EMAIL ADDRESS							
						kstapes@shankconstructors.com							
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME								
Marshalltown WTP 6 MGD RO Plant		1329		6		Shank Constructors Inc								
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE								
1956 N Center St Rd				11/02/2025		Kathy Stapes				Office Manager				
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:														
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.														
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APPRENTICESHIP PROGRAM NAME														
REGISTERED														
NAME OF LABOR CLASSIFICATION														
<input type="checkbox"/> OA <input type="checkbox"/> SAA														
<input type="checkbox"/> OA <input type="checkbox"/> SAA														
<input type="checkbox"/> OA <input type="checkbox"/> SAA														
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.														
HOURLY CREDIT FOR FRINGE BENEFITS														
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.														
NAME OF WORKER		FB NAME	234 Health &	FB NAME	234 Pension	FB NAME	234 Apprentic	FB NAME	234 HHCA	FB NAME	234 WPF	FB NAME	234 C.U.R.E.	TOTAL HOURLY CREDIT
		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
		<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
Avala	Edgar	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	\$ 0.00
Brunk	Nathaniel	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
DeHaven	Randell	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Ginther	Shane	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Sodomin	Brian	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.														
ADDITIONAL REMARKS														
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER			EMAIL ADDRESS					
				11/05/2025		(763) 424-8300			kstapes@shankconstructors.com					
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.														

U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347Instr.htm)

Unless otherwise noted, the information requested is specific to the named project below.

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

WHD

U. S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM☒ PRIME CONTRACTOR☐ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																		
Marshalltown WTP 6 MGD RO		13219		7		Shank Constructors Inc																		
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																		
1956 N Center St Rd				11/09/25		3501 85th Avenue North Brooklyn Pa MN 55443																		
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)							
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
								Mon	Tue	Wed	Thu	Fri	Sat	Sun						TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								11/03	11/04	11/05	11/06	11/07	11/08	11/09										
	Ayala	Edgar		5701			ST	10.0	10.0	10.0				30.00	46.00	0.00	0.00	1360.00	2605.00	178.90	193.55	226.00	674.25	1930.75
							OT								0.00		0.00			75.68		0.00		
	Brunk	Nathaniel	R	1023		177 Laborer Jo	ST	10.0	10.0	10.0				30.00	39.00	0.00	3.00	1173.00	2150.00	179.60	164.48	276.28	644.48	1465.51
							OT								0.00		0.00			64.13		0.00		
	DeHaven	Randell	S	3901		177 Laborer Jo	ST	8.0	8.0	8.0				24.00	34.13	0.00	2.40	1119.12	1957.12	252.80	143.98	101.36	560.88	1396.25
							OT	2.0	2.0	2.0				6.00	51.20		0.60			62.75		0.00		
	Ginther	Shane	R	1536		33 Plumber Gen	ST	4.0						4.00	51.08	98.14	8.84	213.14	350.00	623.89	252.13	116.04	1108.55	2412.24
							OT								0.00		0.00			116.47		0.00		
	McFarlin	Michael	T	6752		234 Operating	ST	8.0	8.0	8.0				24.00	43.17	886.50	18.48	2627.20	3788.80	702.54	289.85	54.60	1181.56	2607.38
							OT	3.0	4.0	3.0				24.00	64.76		18.48			134.44		0.00		
	Sodomini	Brian	D	1047		234 Operating	ST	8.0	8.0	8.0				40.00	39.05	978.90	30.80	2364.20	2364.20	360.64	180.80	40.81	643.25	1700.90
							OT	3.0	2.0	3.0				13.00	58.58		10.01			81.07		0.00		
							ST																	
							OT																	
							ST																	
							OT																	

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown WTP 6 MGD RO Plant		13219		7		Shank Constructors Inc							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Rd				11/09/2025		Kathy Stapes Accounting Manager							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	33 National P	FB NAME	33 Local Pen	FB NAME	33 Health &	FB NAME	33 Education	FB NAME	33 Industry F	FB NAME	33 Intl Trainin	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Brunk Nathaniel	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
DeHaven Randell	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Ginther Shane	Hourly Credit \$	3.48	Hourly Credit \$	10.05	Hourly Credit \$	8.12	Hourly Credit \$	1.50	Hourly Credit \$	0.28	Hourly Credit \$	0.10	\$ 23.53
McFarlin Michael	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Sodomin Brian	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER							
				11/12/2025		(515) 500-1759							
						EMAIL ADDRESS							
						kstapes@shankconstructors.com							
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
Marshalltown WTP 6 MGD RO Plant	13219	7	Shank Constructors Inc
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
1956 N Center St Rd	11/09/2025	Kathy Stapes Accounting Manager	

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

☒ The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

☒ All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

☒ The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

☒ Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

☒ Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	234 Health &	FB NAME	234 Pension	FB NAME	234 Apprentic	FB NAME	234 HHCA	FB NAME	234 WPF	FB NAME	234 C.U.R.E.	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	\$ 0.00
Brunk Nathaniel	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
DeHaven Randell	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Ginther Shane	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
McFarlin Michael	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
Sodomin Brian	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

☒ All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	11/12/2025	(515) 500-1759	kstapes@shankconstructors.com

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1901 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form

Wage and Hour Division

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

Unless otherwise noted, the information requested is specific to the named project below.

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

WHD

U.S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

☒ PRIME CONTRACTOR

☐ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME	
Marshalltown WTP 6 MGD RO		1329		8		Shank Constructors Inc	
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS	
1956 N Center St Rd				11/16/25		3501 85th Avenue North Brooklyn Pa MN 55443	
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	(4)
							(5)
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PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME										
Marshalltown WTP 6 MGD RO Plant	1329	8	Shank Constructors Inc										
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE										
1956 N Center St Rd		11/16/2025	Kathy Stapes Accounting Manager										
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME		REGISTERED	NAME OF LABOR CLASSIFICATION										
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	33 National P	FB NAME	33 Local Pen	FB NAME	33 Health &	FB NAME	33 Education	FB NAME	33 Industry F	FB NAME	33 Intl Trainin	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Davila Jose	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
DeHaven Randell	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Ginther Shane	Hourly Credit \$	3.48	Hourly Credit \$	10.05	Hourly Credit \$	8.12	Hourly Credit \$	1.50	Hourly Credit \$	0.28	Hourly Credit \$	0.10	\$ 23.53
McFarlin Michael	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
Sodomini Brian	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL					DATE		TELEPHONE NUMBER			EMAIL ADDRESS			
					11/20/2025		(515) 500-1749			kstapes@shankconstructors.com			
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>													

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME										
Marshalltown WTP 6 MGD RO Plant	1329	8	Shank Constructors Inc										
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE										
1956 N Center St Rd		11/16/2025	Kathy Stapes Accounting Manager										
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME		REGISTERED	NAME OF LABOR CLASSIFICATION										
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	234 Health &	FB NAME	234 Pension	FB NAME	234 Apprentic	FB NAME	234 HHCA	FB NAME	234 WPF	FB NAME	234 C.U.R.E.	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	\$ 0.00
Davila Jose	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
DeHaven Randell	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Ginther Shane	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
McFarlin Michael	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
Sodomin Brian	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL						DATE		TELEPHONE NUMBER		EMAIL ADDRESS			
						11/20/2025		(5 1 5) 4 2 4 - 8 3 0 0		kstapes@shankconstructors.com			
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form

Wage and Hour Division

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

Unless otherwise noted, the information requested is specific to the named project below.

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

WHD

U. S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM☒ PRIME CONTRACTOR☐ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																				
Marshalltown WTP 6 MGD RO		1329		9		Shank Constructors Inc																				
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																				
1956 N Center St Rd				11/23/25		3501 85th Avenue North Brooklyn Pa MN 55443																				
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)									
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK		
								Mon	Tue	Wed	Thu	Fri	Sat	Sun						TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS			
								11/17	11/18	11/19	11/20	11/21	11/22	11/23												
	Ayala	Edgar		5701			ST	10.00	10.00	10.00						30.00	46.00	0.00	0.00	1393.00	2618.00	208.35	204.11	232.98	726.21	2091.79
							OT										0.00	0.00			80.77		0.00			
	DeHaven	Randell	S	3901		177 Laborer Jr	ST	8.00	8.00	8.00						24.00	34.13	407.70	2.40	1129.30	2032.10	252.80	143.98	101.36	560.89	1471.26
							OT	2.00	2.00	2.00						6.00	51.20	0.60				62.75		0.00		
	McFarlin	Michael	T	6752		234 Operating	ST	8.00	8.00	8.00	8.00					32.00	43.17	812.60	24.60	2192.40	3330.20	592.46	254.76	49.28	1013.50	2316.69
							OT	3.00	2.00	3.00	3.00					12.00	64.76	9.20				117.01		0.00		
	Sodcmn	Brian	D	1047		234 Operating	ST	8.00	8.00	8.00	8.00					40.00	39.05	1315.80	30.80	2483.00	2482.50	389.13	189.90	210.81	875.48	1607.52
							OT	3.00	3.00	3.00	3.00					15.00	58.58	11.55				85.58		0.00		
							ST																			
							OT																			
							ST																			
							OT																			
							ST																			
							OT																			

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown WTP 6 MGD RO Plant		1329		9		Shank Constructors Inc							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Rd				11/23/2025		Kathy Stapes Accounting Manager							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
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<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	234 Health &	FB NAME	234 Pension	FB NAME	234 Apprentic	FB NAME	234 HHCA	FB NAME	234 WPF	FB NAME	234 C.U.R.E.	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		Hourly Credit \$ 0.00		\$ 0.00
DeHaven Randell	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
McFarlin Michael	Hourly Credit \$ 8.40		Hourly Credit \$ 9.00		Hourly Credit \$ 0.75		Hourly Credit \$ 0.10		Hourly Credit \$ 0.20		Hourly Credit \$ 0.02		\$ 18.47
Sodomin Brian	Hourly Credit \$ 8.40		Hourly Credit \$ 9.00		Hourly Credit \$ 0.75		Hourly Credit \$ 0.10		Hourly Credit \$ 0.20		Hourly Credit \$ 0.02		\$ 18.47
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
	Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		Hourly Credit \$		\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER							
				11/25/2025		(5 1 5) 5 0 0 - 1 7 5 9							
						EMAIL ADDRESS							
						kstapes@shankconstructors.com							
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME										
Marshalltown WTP 6 MGD RO Plant	1329	9	Shank Constructors Inc										
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE											
1956 N Center St Rd	11/23/2025	Kathy Stapes Accounting Manager											
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME		REGISTERED	NAME OF LABOR CLASSIFICATION										
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS <i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>													
NAME OF WORKER	FB NAME	177 Health &	FB NAME	177 HRA	FB NAME	177 National	FB NAME	177 Training/	FB NAME	177 HHCAF	FB NAME	177 WPF Wo	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
DeHaven Randell	Hourly Credit	\$ 7.80	Hourly Credit	\$ 0.20	Hourly Credit	\$ 4.74	Hourly Credit	\$ 0.55	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	\$ 13.59
McFarlin Michael	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Sodomin Brian	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER				EMAIL ADDRESS			
				11/25/2025		(5 1 5) 5 0 0 - 1 7 5 9				kstapes@shankconstructors.com			
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>													

U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form

Wage and Hour Division

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

Unless otherwise noted, the information requested is specific to the named project below.

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

WHD

U. S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM☒ PRIME CONTRACTOR☐ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																			
Marshalltown WTP 6 MGD RO		1329		10		Shank Constructors Inc																			
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																			
1956 N Center St Rd				11/30/25		3501 85th Avenue North Brooklyn Pa MN 55443																			
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)								
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK	
								Mon	Tue	Wed	Thu	Fri	Sat	Sun						TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS		
								11/24	11/25	11/26	11/27	11/28	11/29	11/30											
HOURS WORKED EACH DAY																									
	Ayala	Edgar		5701			ST								18.00	46.00	0.00	0.00	828.00	1363.00	33.06	98.54	163.98	325.40	1037.52
							OT									0.00	0.00	0.00	29.90		0.00				
	DeHaven	Randell	S	3901		177 Laborer Jo	ST	10.00	10.00	10.00					30.00	34.13	407.75	3.00	1026.90	1026.90	84.03	78.56	55.70	248.50	778.36
							OT									0.00	0.00	0.00	30.25		0.00				
	McFarlin	Michael	T	6752		234 Operating	ST	6.00	11.00						28.00	44.12	517.10	21.56	1256.90	1481.30	164.63	113.32	25.41	356.10	1131.26
							OT									0.00	0.00	0.00	46.75		0.00				
	Sodomin	Brian	D	1047		234 Operating	ST	11.00	11.00						33.00	39.05	609.50	25.41	1314.00	1314.00	127.82	100.52	193.80	463.30	850.68
							OT									0.00	0.00	0.00	41.17		0.00				
							ST																		
							OT																		
							ST																		
							OT																		
							ST																		
							OT																		

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME										
Marshalltown WTP 6 MGD RO Plant	1329	10	Shank Constructors Inc										
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE										
1956 N Center St Rd		11/30/2025	Kathy Stapes Accounting Manager										
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME		REGISTERED	NAME OF LABOR CLASSIFICATION										
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	234 Health &	FB NAME	234 Pension	FB NAME	234 Apprentic	FB NAME	234 HHCA	FB NAME	234 WPF	FB NAME	234 C.U.R.E.	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Ayala Edgar	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	Hourly Credit	\$ 0.00	\$ 0.00
DeHaven Randell	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
McFarlin Michael	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
Sodomin Brian	Hourly Credit	\$ 8.40	Hourly Credit	\$ 9.00	Hourly Credit	\$ 0.75	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	Hourly Credit	\$ 0.02	\$ 18.47
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER			EMAIL ADDRESS				
				12/02/2025		(515) 500-1759			kstapes@shankconstructors.com				
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>													

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME										
Marshalltown WTP 6 MGD RO Plant	1329	10	Shank Constructors Inc										
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE										
1956 N Center St Rd		11/30/2025	Kathy Stapes Accounting Manager										
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
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<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME		REGISTERED	NAME OF LABOR CLASSIFICATION										
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
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HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	177 Health &	FB NAME	177 HRA	FB NAME	177 National	FB NAME	177 Training/	FB NAME	177 HHCAF	FB NAME	177 WPF Wo	TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Avala Edgar	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
DeHaven Randell	Hourly Credit	\$ 7.80	Hourly Credit	\$ 0.20	Hourly Credit	\$ 4.74	Hourly Credit	\$ 0.55	Hourly Credit	\$ 0.10	Hourly Credit	\$ 0.20	\$ 13.59
McFarlin Michael	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Sodomin Brian	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER				EMAIL ADDRESS			
				12/02/2025		(5 1 5) 5 0 0 - 1 7 5 9				kstapes@shankconstructors.com			
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>													

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

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. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

☐ PRIME CONTRACTOR

☒ SUBCONTRACTOR


PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME	
2025248-MARSHALLTOWN WTP		10352507		1		DM2	
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS	
				11/22/2025		1209 County Hwy J23 Clearfield, IA 50840	

(2A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)										(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)				(9)
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(1) JOURNEYWORKER (2A) REGISTERED APPRENTICE	LABOR CLASSIFICATION	EARN CODE	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK		
								SUN 11/16	MON 11/17	TUE 11/18	WED 11/19	THU 11/20	FRI 11/21	SAT 11/22							TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS			
1	GRIFFITH	JAMES	E	1702	J	POWER EQ OP: CRANE	REG	8.00	8.00	8.00	8.00	8.00	40.00	60.02	1140.23	0.00	2400.80	3038.46	424.46	232.44	72.02	728.92	2309.54				
2	VICKER	CLINT	J	6452	J	POWER EQ OP: CRANE	OVT REG	2.50 8.00	1.00 8.00	2.50 8.00	4.00	6.00 28.00	69.57 46.38	854.77	0.00	1716.06	2681.89	298.22	162.32	63.66 348.56	412.22	872.76	1809.13				
3	WHITE	KEATON	J	1466	J	POWER EQ OP: CLASS 2	OVT REG	2.50 8.00	1.00 8.00	2.50 8.00	4.00	6.00 28.00	57.29 38.19	755.94	0.00	1413.03	2307.19	281.11	133.66	52.42	467.19	1840.00					

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Public Burden Statement

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PROJECT NAME 2025248-MARSHALLTOWN WTP	PROJECT NO. or CONTRACT NO. 10352507	PAYROLL NO. 1	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME DM2																																																																																																																																																								
PROJECT LOCATION	WEEK ENDING DATE 11/22/2025	CERTIFYING OFFICIAL'S NAME AND TITLE Billi J Larsen, Administrative Assistant																																																																																																																																																									
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Unless otherwise noted, the information requested is specific to the named project below.

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

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

☐ PRIME CONTRACTOR

☒ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME	
2025248-MARSHALLTOWN WTP		10352507		2		DM2	
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS	
				11/29/2025		1209 County Hwy J23 Clearfield, IA 50840	

(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)										(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)				(9)	
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABORER CLASSIFICATION	Earn Code	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER			
								SUN 11/23	MON 11/24	TUE 11/25	WED 11/26	THU 11/27	FRI 11/28	SAT 11/29							HOURS WORKED EACH DAY			TAX WITH- HOLDINGS		FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS
1	GODSEY	GAGE	A	7530	J	LABORER: GENERAL	OVT		3.00	1.00					4.00	54.02	554.52	0.00	1008.28	1308.28	111.79	77.13	139.29	328.21	980.07			
							REG		8.00	8.00	6.00				22.00	36.01			Union/Other Dtl: Ded.	WORKII ADV	30.25	109.04						
2	GRIFFITH	JAMES	E	1702	J	POWER EQ OP: CRANE	REG		8.00	8.00	6.00				22.00	60.02	627.13	0.00	1320.44	3038.46	424.46	232.44	42.39	699.29	2339.17			
3	VICKER	CLINT	J	6452	J	POWER EQ OP: CRANE	OVT		3.00	1.00					4.00	69.57	649.60	0.00	1298.64	1598.64	168.43	99.35	38.96	308.74	1291.90			
							REG		8.00	8.00	6.00				22.00	46.38			Union/Other Dtl: Ded.	WORKII								
4	WHITE	KEATON	J	1466	J	POWER EQ OP: CLASS 2	OVT		3.00	1.00	0.50				4.50	57.29	630.66	0.00	1174.34	1564.34	137.72	89.84	35.23	262.79	1301.55			
							REG		6.00	8.00	8.00				24.00	38.19			Union/Other Dtl: Ded.	WORKII								

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PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME				
2025248-MARSHALLTOWN WTP		10352507		2		DM2				
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE				
				11/29/2025		Billi J Larsen, Administrative Assistant				
<input checked="" type="checkbox"/> I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following: The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.										
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APPRENTICESHIP PROGRAM NAME				NAME OF LABOR CLASSIFICATION						
N/A				<input type="checkbox"/> OA <input type="checkbox"/> SAA						
				<input type="checkbox"/> OA <input type="checkbox"/> SAA						
				<input type="checkbox"/> OA <input type="checkbox"/> SAA						
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.										
HOURLY CREDIT FOR FRINGE BENEFITS										
If an amount is listed in (aB) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.										
NAME OF WORKER	FB NAME FB TYPE PLAN NO.	Apprenticeship APP 1.5%	Helath Reimb HRA Varies by Cla:	FB NAME FB TYPE PLAN NO.	LineCo LINECO \$7.50/hr	NEAP NEAP 25%	NEBF NEBF 3%	FB NAME FB TYPE PLAN NO.	NLMCF NLMCF \$0.01/hr	TOTAL HOURLY CREDIT
1 GODSEY, GAGE A	Hourly Credit \$ 0.540		\$ 2,300	Hourly Credit \$ 3,170	Hourly Credit \$ 7,500	Hourly Credit \$ 9,002	Hourly Credit \$ 1,080	Hourly Credit \$ 0.010	\$ 20,432	
2 GRIFFITH, JAMES E	Hourly Credit \$ 0.900		\$ 2,640	Hourly Credit \$ 7,500	Hourly Credit \$ 15,005	Hourly Credit \$ 11,595	Hourly Credit \$ 1,800	Hourly Credit \$ 0.010	\$ 28,385	
3 VICKER, CLINT J	Hourly Credit \$ 0.696		\$ 2,380	Hourly Credit \$ 7,500	Hourly Credit \$ 9,548	Hourly Credit \$ 1,146	Hourly Credit \$ 0.010	Hourly Credit \$ 0.010	\$ 23,832	
4 WHITE, KEATON J	Hourly Credit \$ 0.573			Hourly Credit \$ 7,500	Hourly Credit \$ 7,500	Hourly Credit \$ 7,500	Hourly Credit \$ 0.010	Hourly Credit \$ 0.010	\$ 21,157	
	Hourly Credit \$			Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$	
	Hourly Credit \$			Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$	
	Hourly Credit \$			Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$	
	Hourly Credit \$			Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$	
	Hourly Credit \$			Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$	
	Hourly Credit \$			Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$	
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.										
ADDITIONAL REMARKS										
Additional benefits paid to union are AMF (NonNECA) at 0.2% of Gross.										
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER		EMAIL ADDRESS		
Billi J Larsen				12/5/25		(641) 336-2086		bliarsen@lfccompanies.com		
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.										

Davis-Bacon and Related Acts Weekly Certified Payroll Form
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM☐ PRIME CONTRACTOR☒ SUBCONTRACTOR

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers have received legally required wages and fringe benefits.

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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																																																																																																																																																																											
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<p align="center">HOURLY CREDIT FOR FRINGE BENEFITS</p> <p><i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i></p> <table border="1"> <thead> <tr> <th rowspan="2">NAME OF WORKER</th> <th>FB NAME</th> <th>WELLMARK</th> <th>FB NAME</th> <th>DELTA DENTAL</th> <th>FB NAME</th> <th>LINCOLN FINANCIAL</th> <th>FB NAME</th> <th>TRANSAMERICA</th> <th>FB NAME</th> <th>ABC/IOWA</th> <th>FB NAME</th> <th>PTO/VACATION</th> <th rowspan="2">TOTAL HOURLY CREDIT</th> </tr> <tr> <th>FB TYPE</th> <th>HEALTH</th> <th>FB TYPE</th> <th>DENTAL</th> <th>FB TYPE</th> <th>LIFE/LTD/STD</th> <th>FB TYPE</th> <th>RETIREMENT</th> <th>FB TYPE</th> <th>VISION</th> <th>FB TYPE</th> <th></th> </tr> <tr> <th></th> <th>PLAN NO.</th> <th>000057962-000</th> <th>PLAN NO.</th> <th>1-40974-1</th> <th>PLAN NO.</th> <th>000010269345-40000N</th> <th>PLAN 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PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown RO Membrane		1329-001		2		Price Industrial Electric							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Marshalltown IA 50158				11/15/2025		JACLYN NOWOTNY PAYROLL SPECIALIST							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
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APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
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HOURLY CREDIT FOR FRINGE BENEFITS													
If an amount is listed in (63) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	WELLMARK	FB NAME	DELTA DENTAL	FB NAME	LINCOLN FINANCIAL	FB NAME	TRANSAMERICA	FB NAME	ABC/IOWA	FB NAME	PTO/VACATION	TOTAL HOURLY CREDIT
	FB TYPE	HEALTH	FB TYPE	DENTAL	FB TYPE	LIFE/LTD/STD	FB TYPE	RETIREMENT	FB TYPE	VISION	FB TYPE		
	PLAN NO.	000057962-000	PLAN NO.	1-40974-1	PLAN NO.	000010269345-00000	PLAN NO.	932457	PLAN NO.	8945	PLAN NO.		
	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
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ADDITIONAL REMARKS													
Optum HSA P55298-Funded Mike Boone 0.63 Hour Credit													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER							
Jaclyn Nowotny				12/8/25		(319)393-6406 x243							
						EMAIL ADDRESS							
						jnowotny@priceelectric.us							
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U.S. Department of Labor
Wage and Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

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



Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

☐ PRIME CONTRACTOR

☒ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME													
Marshalltown RO Membrane		1329-001		3		Price Industrial Electric													
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS													
Marshalltown Iowa		IA20240049 7/18/2025		11/22/2025		405 N Troy Rd Robins IA 52317													
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)	(9)				
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK	
														TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS		
1	BOONE	MIKE		9760	J	Electrician Journeyman	ST 0 0 0 1.99 0.02 0 0 0 9.97	9.97	44.50	73.08	0.00	443.67	1920.87	202.76	141.15	185.62	529.53	1391.34	
2	PETERMEIER	CONLEY		1143	J	Electrician Journeyman	ST 0 0 0 0 7.53 0 0 0 7.53	7.53	42.00	34.86	0.00	318.26	1652.70	231.75	126.72	104.66	463.13	1189.57	
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While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Marshalltown RO Membrane		1329-001		3		Price Industrial Electric							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
1956 N Center St Marshalltown IA 50158				11/22/2025		JACLYN NOWOTNY PAYROLL SPECIALIST							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
HOURLY CREDIT FOR FRINGE BENEFITS <i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>													
NAME OF WORKER	FB NAME	WELLMARK	FB NAME	DELTA DENTAL	FB NAME	LINCOLN FINANCIAL	FB NAME	TRANSAMERICA	FB NAME	ABC/IOWA	FB NAME	PTO/VACATION	TOTAL HOURLY CREDIT
	FB TYPE	HEALTH	FB TYPE	DENTAL	FB TYPE	LIFE/LTD/STD	FB TYPE	RETIREMENT	FB TYPE	VISION	FB TYPE		
	PLAN NO.	000057962-000	PLAN NO.	1-40974-1	PLAN NO.	000010269345-000001	PLAN NO.	932457	PLAN NO.	8945	PLAN NO.		
	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
Conley Petermeier	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 0.17	Hourly Credit	\$ 1.61	Hourly Credit	\$ 0.03	Hourly Credit	\$ 2.82	\$ 4.63
Mike Boone	Hourly Credit	\$ 2.12	Hourly Credit	\$ 0.17	Hourly Credit	\$ 0.21	Hourly Credit	\$ 1.70	Hourly Credit	\$ 0.03	Hourly Credit	\$ 2.47	\$ 7.33 (SEE BELOW)
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS Uptm HSA P55298-Funded Mike Boone 0.63 Hour Credit													
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER			EMAIL ADDRESS				
Jaclyn Nowotny				12/8/25		(__ 319) 393-6406 x243			jnowotny@priceelectric.us				
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

U.S. Department of Labor
Wage and Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

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. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

☐ PRIME CONTRACTOR

☒ SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME												
Marshalltown RO Membrane		1329-001		4		Price Industrial Electric												
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS												
Marshalltown Iowa		IA20240049 7/18/2025		11/29/2025		405 N Troy Rd Robins IA 52317												
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)	(9)			
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(1) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
														TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
1	BOONE	MIKE		9760	J	Electrician Journeyman	ST 0 0 3.97 1.12 0 0 0 OT 0 0 5.18 0 0 0 0	10.09	44.50	73.96	0.00	449.01	1785.36	169.54	130.78	178.85	479.17	1308.19
2	PETERMEIER	CONLEY		1143	J	Electrician Journeyman	ST 0 0 5.18 0 0 0 0 OT 0 0 5.18 0 0 0 0	5.18	42.00	23.98	0.00	217.56	944.16	92.85	72.52	62.15	227.52	716.64
							ST											
							OT											
							ST											
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							ST											
							OT											

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Public Burden Statement

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PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME									
Marshalltown RO Membrane		1329-001		4		Price Industrial Electric									
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE									
1956 N Center St Marshalltown IA 50158				11/29/2025		JACLYN NOWOTNY PAYROLL SPECIALIST									
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:															
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.															
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.															
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.															
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.															
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA											
				<input type="checkbox"/> OA <input type="checkbox"/> SAA											
				<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.															
HOURLY CREDIT FOR FRINGE BENEFITS															
If an amount is listed in (63) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.															
NAME OF WORKER		FB NAME	WELLMARK	FB NAME	DELTA DENTAL	FB NAME	LINCOLN FINANCIAL	FB NAME	TRANSAMERICA	FB NAME	ABC/IOWA	FB NAME	PTO/VACATION	TOTAL HOURLY CREDIT	
		FB TYPE	HEALTH	FB TYPE	DENTAL	FB TYPE	LIFE/LTD/STD	FB TYPE	RETIREMENT	FB TYPE	VISION	FB TYPE			
		PLAN NO.	000057962-000	PLAN NO.	1-40974-1	PLAN NO.	000010269345	PLAN NO.	932457	PLAN NO.	8945	PLAN NO.			
		<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded		
Conley Petermeier		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$0.17	Hourly Credit	\$1.61	Hourly Credit	\$0.03	Hourly Credit	\$2.82		\$4.63
Mike Boone		Hourly Credit	\$2.12	Hourly Credit	\$0.17	Hourly Credit	\$0.21	Hourly Credit	\$1.70	Hourly Credit	\$0.03	Hourly Credit	\$2.47		\$7.33 (SEE BELOW)
		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$		\$
		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	
		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	
		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	
		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	
		Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.															
ADDITIONAL REMARKS															
Optum HSA P55298-Funded Mike Boone 0.63 Hour Credit															
SIGNATURE OF CERTIFYING OFFICIAL				DATE		TELEPHONE NUMBER			EMAIL ADDRESS						
Jaclyn Nowotny				12/8/25		(319) 393-6406 x243			jnowotny@priceelectric.us						
THE WILLFUL MISAPPLICATION 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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.															

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)
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U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	JR REVAR STEEL, LLC	ADDRESS PO BOX 36073 DES MOINES, IOWA 50315	PROJECT OR CONTRACT NO. 00525195
PAYROLL NO. 1 - START	FOR WEEK ENDING 11/15/2025	PROJECT AND LOCATION Marshalltown Water Works 6	OMB No.:1235-0008 Expires: 07/31/2024

(1)															(2)															(3)															(4) DAY AND DATE															(5)		(6)	(7)	(8) DEDUCTIONS					(9)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER															EXEMPTIONS OR WITHHOLDING															WORK CLASSIFICATION															S 9 M 10 T 11 W 12 TH 13 F 14 S 15															HOURS WORKED EACH DAY															TOTAL HOURS		RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	MEID/CAR	STATE INCOME	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
Jose Tula #5231																														Ironworker- HEAVY SEWER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					</

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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 11/21/2025

I, Jaime Villafana (Name of Signatory Party) Owner (Title)

do hereby state:

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

JR REVAR STEEL, LLC (Contractor or Subcontractor) on the

Marshalltown Water Works 6 : that during the payroll period commencing on the

9 day of November, 2025, and ending the 15 day of November, 2025, 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

JR REVAR STEEL, LLC (Contractor or Subcontractor) 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 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
Jaime Villafana
Owner

SIGNATURE



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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

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



Rev. Dec. 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ ADDRESS PO BOX 36073
JR REVAR STEEL, LLC DES MOINES, IOWA 50315

PAYROLL NO. 2 FOR WEEK ENDING 11/22/2025 PROJECT AND LOCATION Marshalltown Water Works 6 PROJECT OR CONTRACT NO. 00525195

OMB No.: 1235-0008
Expires: 07/31/2024

00525195

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS FROM FICA	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	MEDICAR	STATE INCOME	OTHER		TOTAL DEDUCTIONS
			S	M	T	W	Th	F	S										
			16	17	18	19	20	21	22										
Omar Villanueva #6033	O	IRONWORKER - HEAVY SEWER								20.50	40.12	\$822.46	\$0.00	\$50.99	\$11.93	\$22.48	\$0.00	\$85.40	\$737.06
Efern Villanueva # 4854	S	IRONWORKER - HEAVY SEWER								20.50	40.12	\$822.46	\$0.00	\$50.99	\$11.93	\$22.48	\$0.00	\$85.40	\$737.06
Alvaro Villafana #9132	O	IRONWORKER - HEAVY SEWER										\$546.00	\$0.00	\$33.85	\$7.92	\$11.98	\$0.00	\$53.75	\$492.25
Noe Nolasco #0384	S	IRONWORKER - HEAVY SEWER								13.00	42.00	\$521.56	\$0.00	\$32.34	\$7.56	\$11.05	\$0.00	\$50.95	\$470.61
Omar Renteria #7846	O	IRONWORKER - HEAVY SEWER										\$521.56	\$0.00	\$32.34	\$7.56	\$11.05	\$0.00	\$50.95	\$470.61
Israel Cervantes #0615	S	Ironworker- RA								13.00	40.12	\$391.50	\$0.00	\$24.27	\$5.68	\$6.11	\$0.00	\$36.06	\$355.44
Victor Villafana #7497	O	Ironworker- RA										\$210.00	\$0.00	\$13.02	\$3.05	\$0.00	\$0.00	\$16.07	\$193.93
Jose Martinez #8980	S	Ironworker- RA								7.00	30.00	\$202.93	\$0.00	\$12.58	\$2.94	\$0.00	\$0.00	\$15.52	\$187.41

On completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors to file this form with the Department of Labor, Bureau of Labor Statistics, Office of Wage Determination, Washington, D.C. 20349.

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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 11/26/2025

I, Jaime Villafana (Name of Signatory Party) Owner (Title)
do hereby state:

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

JR REVAR STEEL, LLC (Contractor or Subcontractor) or the

Marshalltown Water Works 6 (Building or Work) ; that during the payroll period commencing on the

16 day of November, 2025, and ending the 22 day of November, 2025,
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

JR REVAR STEEL, LLC (Contractor or Subcontractor) 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 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
Jaime Villafana
Owner

SIGNATURE



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 3729 OF
TITLE 31 OF THE UNITED STATES CODE.

NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input checked="" type="checkbox"/>	Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.	
PAYROLL NO.	3 NO WORK	FOR WEEK ENDING	11/29/2025
JR REVAR STEEL, LLC		ADDRESS PO BOX 36073 DES MOINES, IOWA 50315	
PROJECT AND LOCATION Marshalltown Water Works 6		PROJECT OR CONTRACT NO.	
		OMB No.: 1235-0008 Expires: 07/31/2024	
		Rev. Dec. 2008 U.S. Wage and Hour Division	

[illegible]

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)(iv) 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 12/5/2025

I, Jaime Villafana (Name of Signatory Party) Owner (Title)
do hereby state:

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

JR REVAR STEEL, LLC (Contractor or Subcontractor) on the

Marshalltown Water Works 6 (Building or Work); that during the payroll period commencing on the

23 day of November, 2025, and ending the 29 day of November, 2025,
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

JR REVAR STEEL, LLC (Contractor or Subcontractor) 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 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:

NO WORK WAS PERFORMED DURING THIS PERIOD

NAME AND TITLE
Jaime Villafana
Owner

SIGNATURE



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 3729 OF
TITLE 31 OF THE UNITED STATES CODE.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

E25059713-5

FILED
IOWA SECRETARY OF STATE

2025-12-08 15:20

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Shank Constructors 763-424-8300
B. E-MAIL CONTACT AT SUBMITTER (optional) info@shankconstructors.com
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Shank Constructors 6250 NW Beaver Dr., Suite A6 Johnston, IA 50131

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR'S NAME: Provide only one Debtor name - use exact, full name; do not omit, modify, or abbreviate any part of the debtor's name

OR	ORGANIZATION'S NAME Shank Constructors				
	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
MAILING ADDRESS 6250 NW Beaver Dr., Suite A6		CITY Johnston	STATE IA	POSTAL CODE 50131	COUNTRY USA

SECURED PARTY'S NAME: NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name

OR	ORGANIZATION'S NAME Marshalltown Water Works				
	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
MAILING ADDRESS 205 E State Street		CITY Marshalltown	STATE IA	POSTAL CODE 50158	COUNTRY USA

COLLATERAL: This financing statement covers the following collateral:

4" PVC Pipe & Fittings - Stored at Shank Constructors 6250 NW Beaver Dr. Suite A6. Johnston, IA 50131

Check only if applicable and check only one box: Collateral is: ☐ held in a Trust ☐ being administered by a Decedent's Personal Representative

Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

OPTIONAL FILER REFERENCE DATA

<input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing
Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):	Description of real estate:

MISCELLANEOUS

**BRANCHES LOCATED IN:**

BETTENDORF - DES MOINES - OMAHA -
PERU, IL - SIOUX CITY and WATERLOO
REMIT TO: PO Box 1290
Bettendorf, IA 52722

INVOICE

Invoice No.: **20061912-000**
Date: **11/21/2025**
Page: **1 of 1**

--For Credit Card Payment, call:
(563) 355-5376 / (800) 541-8356

Sold To:

SHANK CONSTRUCTORS INC
3501 85TH AVE N
BROOKLYN PARK, MN 55443

Ship To:

JUSTIN 515-520-9648
C/O JOB #1329-032 MARSHALLTOWN WW
C/O CUSTOMER SHOP
6250 NW BEAVER DR. SUITE A6
JOHNSTON, IA 50131

P.O. No.: **1329-032 WTP MARSHALLTOWN**

Phone: **763-424-8300**
Fax: **763-424-8303**

Terms	Order No./Rel.	Customer No.	SalesRep	Ship Via	Req. Date	Reference
N30/INV DATE	20061912-000	166585	JACK-52	DM TRUCK	11/20/2025	D20061912

FRT ON BOARD DESTINATION, FRT PREPAID & ADDED

Product No.	Description	Ordered	Shipped	B/O	UOM	Unit Price	Extension
80SCH040	4" X 20' SCH80 PVC PIPE	1000	1000		FT	6.62	6,620.00
817040	4" SCH80 S/W 45	44	44		EA	55.77	2,453.88
829040	4" SCH80 S/W CPLG	40	40		EA	19.51	780.40

Sub Total: 9,854.28

Total: \$ 9,854.28

11-24-25

These Materials are Currently Stored
at Shank Constructors Office in
Johnston Iowa. See Attached Pictures.

Special Order items are nonreturnable.Restocking charges may apply on other returned goods. **A monthly service charge of 1.5% may be assessed on balances past 30-days from invoice date.**



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/25/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Holmes Murphy & Associates 2727 Grand Prairie Parkway Waukee, IA 50263		PHONE (A/C, No, Ext): 800-247-7756		COMPANY Travelers Property Casualty Co. America One Tower Square Hartford, CT 06183	
FAX (A/C, No):		E-MAIL ADDRESS: mailroom@holmesmurphy.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: SHACONPC2					
INSURED Shank Constructors, Inc. 3501 85th Ave N Brooklyn Park MN 55443		LOAN NUMBER		POLICY NUMBER QT6307W349561	
		EFFECTIVE DATE 09/01/2025		EXPIRATION DATE 09/01/2026	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Installation Floater - All Jobsites, Each Occurrence
Property in Transit Limit
Temporary Storage Limit

\$3,000,000
\$250,000
\$250,000

\$5,000
\$5,000
\$5,000

REMARKS (Including Special Conditions)

Storage Location: 6250 NW Beaver DR. Suite A6 Johnston, IA 50131
Description of the Materials Stored: 1000 feet of Sch80 PVC Pipe, 44 units of 4" sch 80 S/W 45, 40 units of 4" sch80 S/W CPLG
Stored Material Value: \$9,854.28

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

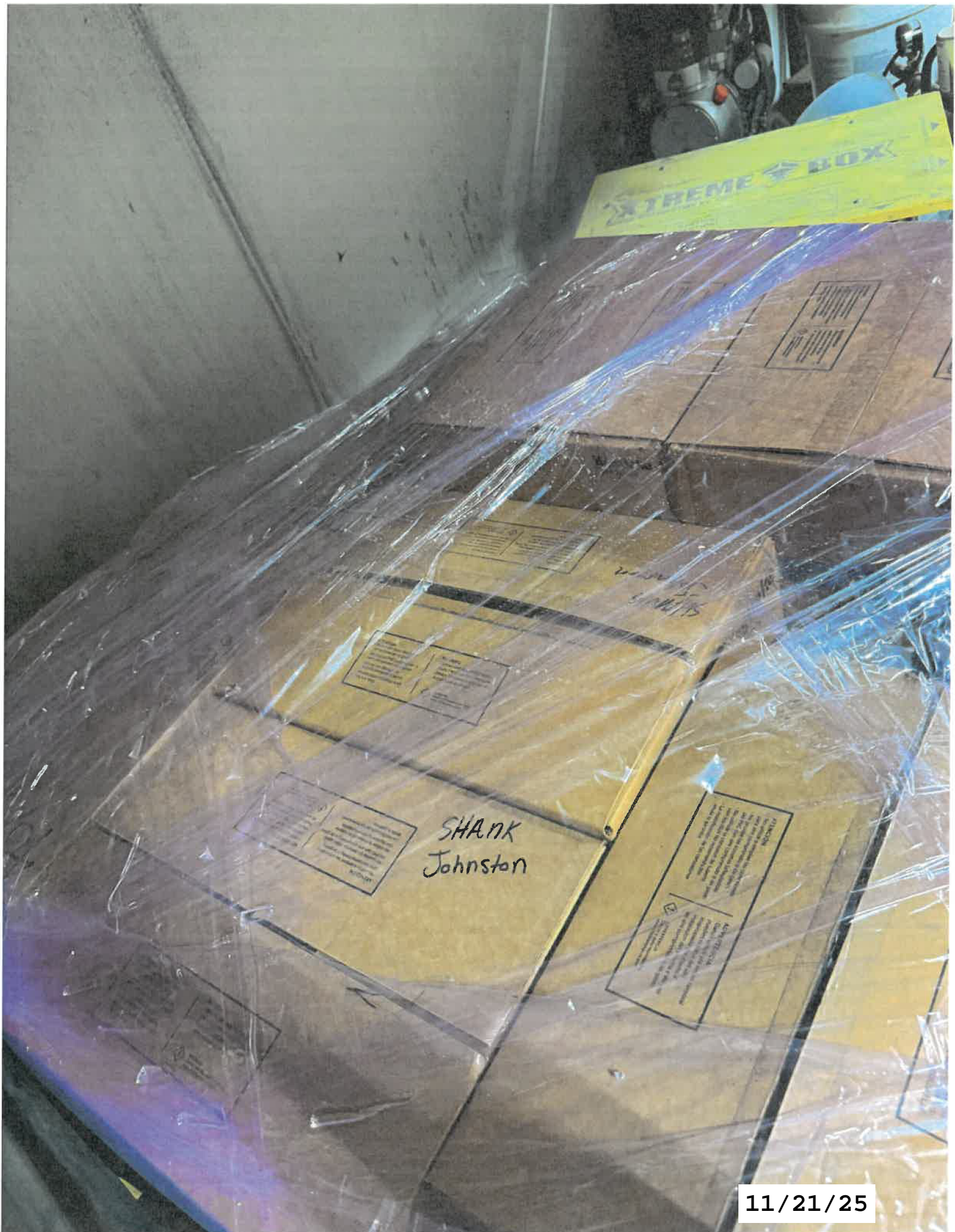
NAME AND ADDRESS Marshalltown Water Works 205 E State Street Marshalltown, IA 50158	<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input type="checkbox"/>	MORTGAGEE				
	LOAN #					
	AUTHORIZED REPRESENTATIVE					



11/21/25



11/21/25



11/21/25

Westlake
Pipe & Fittings

11/21/25

Mason Hemmer

From: business.filings@sos.iowa.gov
Sent: Monday, December 8, 2025 3:21 PM
To: Mason Hemmer
Subject: Fast Track Filing UCC Confirmation - E25059713-5

Dear Mason Hemmer,

This is confirmation of your recent UCC filing E25059713-5 in Fast Track Filing.

To view your filing, visit filings.sos.iowa.gov/UCC/.

Thank you,

Iowa Secretary of State



PAUL D. PATE - IOWA SECRETARY OF STATE

Paul D. Pate

Iowa Secretary of State
321 East 12th ST
Des Moines, IA 50319
515-281-5204
sos.iowa.gov

SERVICE • PARTICIPATION • INTEGRITY

Date	12/8/2025
Type	Purchase
Method	MasterCard
Last Four	xxxxxxxxxxxx3244
Auth Code	01357Q
Transaction	4694134

Qty	Description (click the underlined item(s) below to view and print)	Price
1	<u>UCC1 Financing Statement - E25059713-5</u>	\$5.00
Totals	1	\$5.00

THIS IS NOT A BILL

For refund or other policy questions visit the links below or call the office (515) 281-5204.

For an emailed PDF of this receipt and document(s)

☒ remember email ☒ always send email

MARSHALLTOWN WATER WORKS
CAPITAL IMPROVEMENTS
FY26 - FY30
APPROVED 9/15/2025

PROPOSED CHANGES 1-20-2026

	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
1172-000-PLANT & SOURCE OF SUPPLY					
Inspect/Rehab 2 Wells	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Treatment Expansion Design/Eng	\$4,702,075	\$16,902,075	\$14,487,493		
Treatment Expansion Construction	\$12,000,000				
Wellfield Expansion	\$750,000	\$750,000	\$750,000		
Chemical Feed System upgrades	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Valve and actuator replacement	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
PLC Upgrade					
SCC Gearbox Replacement			\$100,000	\$100,000	
Plumbing Replacement	\$50,000				
Electrical Upgrades	\$69,500				
HVAC Replacement	\$238,000				
Lab Equipment	\$7,000				
1170-000-LAND					
1174-000-DISTRIBUTION SYSTEM		\$500,000	\$500,000	\$500,000	\$500,000
Water Mains: Replace,Relocate, Loop					
Valve and Hydrant Replacement	\$25,000				
West High Street Main Replacement	\$225,000				
City/MWW Projects				\$250,000	\$250,000
-Main Street	\$500,000	\$250,000	\$250,000		
-State Street					
South Tower Exterior Coating					
Water Tower Repairs					
1176-000 - METERS					
Meter Replacement Program	\$25,000	\$125,000			
1178-000 - EQUIPMENT					
Dump Truck		\$200,000			
Excavator	\$150,000				
1180-000-VEHICLES		\$60,000		\$60,000	
1182-000-GENERAL					
1184-000-BUILDING					
Replace flooring					
Alley Resurfacing	\$25,000				
1186-000-OFFICE EQUIPMENT					
Computer Replacements	\$10,000	\$20,000	\$5,000	\$20,000	\$5,000
Copier			\$10,000	\$10,000	
Postage Machine		\$15,000			
Mail Stuffer/Folder	\$5,000				
Cybersecurity	\$50,000				
Radio Replacement					\$50,000
Security Cameras					
Tyler Programming Upgrade					
Work order program					
1188-000 BOOSTER STATION					
VFD	\$30,000				
Totals	\$19,121,575	\$19,082,075	\$16,362,493	\$1,200,000	\$1,065,000

Managed SOC/SIEM

Quote # 018470 | Version 1

11.21.2025

Marshalltown Water Works

Prepared by
Doug Meyer



11122 Aurora Ave
Urbandale, Iowa 50322
Phone (515) 223-0078

Proprietary Information: Koltiv Ltd. acknowledges that all information, materials and documents associated with this Proposal or Professional Services Engagement are proprietary and confidential in nature and further agrees not to copy or otherwise make available such materials outside Koltiv Ltd. and its divisions and subsidiaries without prior written consent of Koltiv.



Tuesday, December 16, 2025

Marshalltown Water Works
Deborah McElroy
205 E State Street
Marshalltown, IA 50158
deborah@marshalltownwater.com

Dear Deborah,

Koltiv is pleased to present this proposal. For more than 45 years, we have partnered with clients to deliver tailored technology solutions that drive growth. We believe your technology should work the way you work, not the other way around.

As a full-service provider, we offer managed IT, cybersecurity, networking, AI, cloud, application development, IBM Power Systems, and licensing support. Every solution is designed with your business goals in mind. We do more than implement technology. We help you make confident decisions, avoid unnecessary risks, and stay focused on what matters most.

Our deep technical expertise, combined with a human-centered approach, makes Koltiv uniquely positioned to support Marshalltown Water Works with this project.

The following outlines the scope of work and how we plan to deliver on your priorities. If there is anything missing or additional needs we should address, we welcome the opportunity to refine the plan.

Thank you for considering Koltiv. We look forward to the opportunity to serve you.

A handwritten signature in black ink, appearing to read "Doug Meyer".

Doug Meyer
Client Executive
DES MOINES



Our “Peace of Mind” Service

Koltiv’s “Peace of Mind” Managed Services offer an effortless solution to maintain your company’s IT infrastructure. Our proactive approach minimizes downtime and ensures continuous system availability. By providing recurring proactive services, your IT environment will remain up to date, while rule-based notifications detect and resolve potential issues before outages can even occur. Additionally, our real-time monitoring offers valuable insights into your IT network, operating system, and applications.

As your trusted Managed Services Provider, Koltiv handles the routine tasks such as: network installation, maintenance, upgrades, troubleshooting user issues, and responding to helpdesk tickets, allowing your internal IT team to focus on more critical initiatives. Business owners can ensure cost control and concentrate their efforts on managing and growing the business.

Experience and Expertise You Can Rely On!

Koltiv will set up your IT environment so that specific devices and functions are monitored for performance. When a potential problem occurs, an alert message is sent to Koltiv for resolution where a Koltiv specialist addresses the situation. With Koltiv certified specialists monitoring, maintaining and updating your mission critical technologies, your systems will run more smoothly and more securely. Plus, your IT department will be able to realize the freedom from routine systems management responsibilities becoming more efficiently and effectively utilized.

Manage Services: On-Boarding Requirements

- Part of the on boarding process may require us to perform discovery and analysis to make sure counts are accurate
- Client to provide all administrative access required for the project
- Client to provide computer, memory, and storage resources needed for completing scope of work
- Client will provide Window Server licensing as necessary
- Client to Provide Backup for DR test
- Managed Services licensing is dynamic and based on counts of devices and users
- Client has the necessary bandwidth to perform on-line backups
- Koltiv offers T&M services that are charged based on the Engineers Support Tier
- Koltiv provides no more than a 2-hour response to any tickets
- Out of Support or EOL hardware will not be updated without a valid support contract with the manufacturer/vendor
- We do not provide direct support for third-party products or services. However, we will make reasonable efforts to troubleshoot issues related to such products to the best of our ability, facilitating communication and coordination with the appropriate third-party vendors when necessary for issue resolution. Clients may opt to utilize available support dollars for assistance with troubleshooting third-party product issues
- Unless explicitly stated in the contract, on-site support is not guaranteed and will be provided on an as-needed basis. Requests for on-site assistance will undergo a triage process to assess urgency and feasibility
- We do not perform physical hardware warranty repairs. In the event of hardware issues covered by a valid warranty, Koltiv will collaborate with the appropriate vendor to facilitate resolution

Arctic Wolf MDR - Monthly Billing

Product Details	Quantity	Monthly Total
Arctic Wolf MDR user license - MSP	14	\$186.62
Arctic Wolf MDR server license - MSP	4	\$53.32
Arctic Wolf MDR Log Retention - 90 days - MSP	18	\$0.00
Arctic Wolf 200 Series Sensor - MSP	2	\$500.00
Arctic Wolf Managed Risk user license - MSP	14	\$93.24
Arctic Wolf Managed Risk Server license - MSP	4	\$26.64
Arctic Wolf 200 Series Managed Risk Scanner - MSP	1	\$250.00
Arctic Wolf Platform - MSP	18	\$22.50
Term: 2/1/2026 to 1/31/2027		

Monthly Subtotal: \$1,132.32

Managed SOC/SIEM - Monthly Billing

Product Details	Quantity	Monthly Total
vCISO Monthly Koltiv SOC Report Review <ul style="list-style-type: none"> Koltiv Internal Data Review of Arctic Wolf Findings Monthly Meeting Incident Report Review Remediation Suggestions and Plan Log Searches Question and Answer Session 	1	\$740.00

Monthly Subtotal: \$740.00

Arctic Wolf - Onboarding - One-Time Fee

Description	Price	Qty	Ext. Price
Arctic Wolf MDR Onboarding - MSP	\$625.00	2	\$1,250.00
Arctic Wolf Managed Risk Onboarding - MSP	\$625.00	1	\$625.00
Arctic Wolf Sensor/ Scanner Shipping - MSP	\$120.00	3	\$360.00
Subtotal:			\$2,235.00

Scope of Work

Koltiv will complete the following:

Phase 1: Kickoff Call

- Answer questions on project scope
- Schedule project tasks
- Share contact information for all parties involved

Phase 2: Onboarding Documentation

- Complete all onboarding documentation
- Call to answer questions on:
 - IP addresses
 - Name assignment
 - Appliance install method

Phase 3: Appliance (Physical) Installation x2

- Rack appliance and power on
- Cable appliance based on method chosen in onboarding
- Verify communication to Arctic Wolf cloud

Phase 4: Forward Logs to Appliance (T&M)

- Configure network Devices to Forward logs (Plant and HQ)
- Configure Integration with Active Directory (4 hours S&V)
 - Enable GPO for auditing
 - Enable DNS logging

Phase 5: Endpoint Deployment

- Install Arctic Wolf Agent on up to 18 licensed endpoints
- Deploy Sysmon where applicable
- Verify agent check-in and operational status
- Provide guidance for client-led deployment to remaining devices (if any)

Phase 6: Managed Risk Deployment (T&M)

- Deploy sensor
- Deploy agent

Phase 7: Technical Review

- Review project for technical correctness and adherence to best practices.

Scope of Work

Phase 8: Documentation

- List of hardware/software and related information
- List of user IDs and passwords
- Visio diagram of installed configuration

Phase 9: Project Completion Meeting (Koltiv Managed Service)

- Review Alerting process
- Review contacts and escalations order
- Set up reoccurring meetings to review reports
- Answer any questions on the managed service

Koltiv Installation Services - Managed SOC/SIEM

Description	Price	Qty	Ext. Price
Koltiv Installation Services - Managed SOC/SIEM - Fixed Fee	\$7,160.00	1	\$7,160.00
<p>This is a Fixed Fee project. However, if we encounter unexpected circumstances during the course of this project, we will discuss the issues with you and will enter into a separate Agreement.</p> <p>All travel time and expenses outside of Polk County, Iowa are billable. Travel time and expenses are not included in this proposal. Fees do not include applicable sales taxes. We bill our fees on a semi-monthly basis.</p>			
Phase 4: Forward Logs to Appliance - T&M	\$230.00	12	\$2,760.00
Phase 6: Managed Risk Deployment - T&M	\$230.00	8	\$1,840.00
<p>Services will be performed on a time and materials basis at the consultant's standard billable rate.</p> <p>All travel time and expenses outside of Polk County, Iowa are billable. Travel time and expenses are not included in this proposal. Fees do not include applicable sales taxes. We bill our fees on a semi-monthly basis.</p> <p>If for any reason the scheduled window pushes due to the client or the client's Project Management Office then the client will have to wait until Koltiv resources are available.</p>			

Subtotal: \$11,760.00

Project Timing

A minimum of two weeks is required to appropriately prepare for and schedule this project. Any delay that could affect this project will be communicated to as soon as possible.

Escalation Contacts

Name	Position/Company	Project Role
Brandon Yansky Byansky@koltiv.com (563)213-8898	Vice President of Sales Koltiv	Escalation Koltiv Contact
Project Management Organization ProjectManagement@koltiv.com (515) 223-0078	Project Management Koltiv	Koltiv Scheduling and Client Communication

Assumptions

Marshalltown Water Works agrees to:

- Provide IPs, username, passwords, SNMP strings, VPN access or anything else Koltiv will need to complete the work
- Provide a suitable work area for consultants assigned to the project
- Designate a Project Contact for the project. The Project Contact will have the right to inspect and approve all Koltiv deliverables. All decisions, scheduling, and all project work approval will be made by the Project Contact
- Provide access to systems, software, and key individuals that pertain to the project
- Perform appropriate saves before and after the installation of any software products or program fixes that pertain to the project
- Provide computer hardware and software licensing that meet the minimum requirements necessary to run applications that pertain to the project
- All software and operating systems are expected to be at a currently supported version by the vendor, or will be upgraded to a currently supported version before the project is started
- Koltiv will not be responsible for low-voltage cabling outside of a data center or structured data closet
- Koltiv will not be responsible for installing infrastructure outside of a data center, structured data closet, or desktop
- If critical data is not provided in a timely manner, it may affect the target completion date, and Koltiv reserves the right to reset the date based on when the information is provided
- IP addressing will be provided by Marshall Town Water Works
- Appliances will be installed inline
- The Artic Wolf appliance will have unrestricted outbound access to the Internet
- Microsoft Active Directory Domain Administrator level credentials will be provided by Marshall Town Water Works
- Marshall Town Water Works will provide administrative level usernames and passwords for all network equipment and cloud services
- Marshall Town Water Works will provide all patch cables
- Headquarters and Plant will have a site-to-site VPN in Place

Limitation of Liability

Koltiv's liability, regardless of the form of action, will not exceed the total amount paid for services under this agreement. No action, regardless of form, arising out of this agreement may be brought by either party more than one year after the cause of action has arisen. An action related to non-payment may be brought within one year of the most recent payment date.

If an issue arises that is determined to be the responsibility of a product manufacturer, Koltiv is available to assist on a Time and Materials basis. Koltiv is not liable for program defects or errors resulting from factors outside our control, including but not limited to faulty hardware, flawed development tools, or changes made to program code by individuals not employed by Koltiv.

We do not provide any other express or implied warranties, including but not limited to warranties of merchant ability or fitness for a particular purpose. Koltiv is not liable for lost profits or any indirect, incidental, or consequential damages, even if we have been advised of the possibility of such damages.

This proposal is governed by the Koltiv Master Services Agreement (MSA). If you have not yet executed an MSA, a copy is available at www.koltiv.com/msa or can be provided upon request. By signing this proposal, you acknowledge that you have reviewed and agree to the terms of both this proposal and the MSA.

Cyber breaches, by their nature, may evade even the most comprehensive security protocols, resulting in the reality that not all such incidents are preventable.



Terms & Conditions - Net New

Term: 12 Months

This proposal is entered in conjunction with the Peace of Mind Service Addendum and the terms of the Addendum are incorporated as if set forth in full in this Proposal. If you have not executed an Addendum, you can review a copy at www.koltiv.com/POM or a copy will be provided to you on request. By signing this Proposal you acknowledge that you have had an opportunity to review the terms of the Addendum and that you agree to the terms of both this Proposal and the Addendum. These charges will be billed monthly. Koltiv may review these charges from time-to-time. If configuration or requirements results in changes, an addendum with adjustments for charges will be executed with client approval.

MSA – This order is entered in conjunction with the Koltiv Master Service Agreement (MSA) and the terms of the MSA are incorporated as if set forth in full in this Order. If you have not executed an MSA, you can review a copy at www.koltiv.com/msa or a copy will be provided to you on request. By signing this Order you acknowledge that you have had an opportunity to review the terms of the MSA and that you agree to the terms of both this Order and the MSA.

Down Payment – Orders over \$20,000 require a 50% down payment with the order (unless financed). The remaining balance is due upon delivery of equipment to Koltiv or buyer.

Cisco Software Licensing – If this quote contains Cisco Software that is subject to Cisco's End User License Agreement (EULA), then by signing this quote, Client agrees to Cisco's terms located at cisco.com/eula.

IBM License Agreement for Machine Code – If this quote contains IBM Systems Storage or IBM Power Systems hardware machines, please refer to the IBM License Agreement for Machine Code prior to accepting this quote. The IBM License Agreement for Machine Code can be found at <https://www.ibm.com/support/pages/machine-warranties-and-license-information-overview>.

IBM Cloud Services Agreement – If this quote contains IBM Cloud Services, please refer to the IBM Cloud Services Agreement prior to accepting this quote. The IBM Cloud Services Agreement can be found at <https://www.ibm.com/support/customer/csol/terms/?id=Z126-6304&cc=us&lc=en>.

As part of the agreement onboarding process, Koltiv may be required to onboard 3rd party product(s) prior to the start date of the agreement. This could incur additional billing for a full or partial months' billing. This billing will be added to your first monthly billing cycle as an additional product and will be removed from additional billings thereafter.

In the event a third-party vendor or supplier (including, but not limited to, Microsoft, Cisco and Veeam) increases the cost of its services or any Hardware or Third Party Software provided under this Agreement (a "Third Party Increase"), Koltiv may, in its sole discretion, adjust the portion of Purchase Price attributable to the affected services, Hardware or Third Party Software by an amount or percentage equivalent to the Third Party Increase upon thirty (30) days' written notice to the Client. The pricing adjustment described in the preceding sentence shall not be deemed a modification requiring amendment of this Agreement, a Signed Quote, or Purchase Order.



Managed SOC/SIEM



Prepared by:

DES MOINES

Doug Meyer
(515) 223-0078
dmeyer@koltiv.com

Prepared for:

Marshalltown Water Works

205 E State Street
Marshalltown, IA 50158
Deborah McElroy
(641) 753-7913
deborah@marshalltownwater.com

Quote Information:

Quote #: 018470

Version: 1
Delivery Date: 12/16/2025
Expiration Date: 02/19/2026

Quote Summary

Description	Amount
Arctic Wolf - Onboarding - One-Time Fee	\$2,235.00
Koltiv Installation Services - Managed SOC/SIEM	\$11,760.00
Subtotal:	\$13,995.00
Estimated Tax:	\$156.45
Total:	\$14,151.45

Monthly Recurring Summary

Description	Amount
Arctic Wolf MDR - Monthly Billing	\$1,132.32
Managed SOC/SIEM - Monthly Billing	\$740.00
Monthly Total:	\$1,872.32

Customer Acceptance

I have read and agree to the above Terms and Conditions.

Managed SOC/SIEM

Date: _____

PO #: _____

Name: Deborah McElroy

Title: Customer Service Manager

Signature: _____

Finance Y/N: _____

Pricing contained in this quote is valid until 02/19/26

I. INTRODUCTION

Marshalltown Water Works (MWW) is requesting proposals for a drinking water rate study to assist MWW with updating its current rate schedule to reflect costs-of-service while balancing affordability and competitiveness. MWW has implemented across-the-board increases for both base and volumetric fees for all customer classes since its last rate study in 2014. Understanding that this manner of increase can result in an unbalanced rate structure over time, MWW is seeking this review.

Proposals are due by 10:00 a.m. on January 6, 2026, with plans to make a recommendation as to firm selection to the MWW Board of Trustees at their Board meeting on or about January 20, 2026. A draft of the rate study report should be completed by May 2026, with a final version of the rate study report completed by June 2026.

II. SUMMARY OF PROJECT

MWW desires to select the best qualified firm through the RFP process with an emphasis of serving as a partner with MWW staff and MWW's financial consultant, PFM Financial Advisors LLC, as we strive to ensure we have a rate structure in place for implementation of the already approved and subsequent rate increases. The rate study will result in a report recommending a rate structure that reflects costs-of-service while balancing affordability and competitiveness.

MWW is about to begin construction of a \$65M water treatment plant to provide redundancy for the existing treatment plant. The MWW Board of Trustees has passed a resolution to increase rates annually for the next three years: 16.5% for FY 2027; 16.5% for FY 2028; and 7.5% for FY 2029. Any recommended changes will ensure MWW is able to maintain a Debt Service Coverage ratio of at least 1.1, preferably 1.2, for its existing SRF loan plus the additional anticipated \$65M SRF loan while still funding approximately \$2M/year in additional capital projects.

The preferred firm should have extensive experience with and knowledge of different methods of charging users of municipal utility systems, specifically drinking water. Additional qualifications include rate studies emphasizing a balance in achieving affordability and competitiveness through changes in water rate structures. The preferred firm should be able to utilize MWW's billing system data from customers' historical and projected usage to provide a range of options for drinking water rates to fit specific MWW goals such as revenue predictability and equity in utility rates. The preferred firm must be able to explain the advantages and disadvantages of various utility revenue generation philosophies, methods and techniques. A portion of this study will analyze MWW's current rates and methods for charging new customer connections and other fees.

The preferred firm, working closely with MWW staff, will be expected to conduct the analytical work and facilitate the process of arriving at a conclusion on a utility rate structure and fee schedule for the next five years (FY 2027-2031), as well as a projection of revenues, expenditures and fund/cash balances over the next 20 years.

MWW Background Information

MWW maintains its own budget and rate structure as a component unit of the City of Marshalltown. Governance is provided by a Board of three Trustees appointed by the Mayor. MWW pays for all operating and capital costs with revenues generated from drinking water rates and fees.

The following are attached or have links for web access:

1. MWW FY 2026 operating budget; attached in 12/12/2025 email
2. MWW 5-Year CIP; attached in 12/12/2025 email
3. MWW Current and Future Rate Schedules – see embedded links at:
<https://www.marshalltownwater.com/customer-service/rates/>
4. MWW FY 2024 and 2025 (when available) Audits
<https://www.marshalltownwater.com/audit/>

Submittal Requirements

All proposals should be sent to and all questions and correspondence should be directed to Zach Maxfield, MWW General Manager, at zach@marshalltownwater.com

A digital PDF copy for distribution via e-mail must be received no later than 10:00 a.m. CST on January 6, 2026. Proposals submitted after the deadline will not be considered.

Each proposal must be signed by an officer of your company responsible for the firm's representations in the proposal. The proposer shall designate one contact person who will be the representative of the firm to which MWW will respond.

Please note that all questions pertaining to the RFP are to be emailed to Zach Maxfield, MWW General Manager, at zach@marshalltownwater.com no later than December 31, 2025. An answer will be formulated as soon as possible and sent via email to all firms who've been invited to provide a proposal.

MWW staff will review the proposals and determine which proposal appears to best fit the criteria herein as well as the best interests of MWW. It is anticipated the staff recommendation as to firm selection will be presented to the MWW Board of Trustees at their January 20, 2026, regular Board meeting to request approval to enter into an agreement with the successful proposer.

Required Contents for Proposals

Provide the following information within the proposal clearly separated by section.

A. Title Page. Show proposal subject, the name of the proposer's firm, address, telephone number and email for the firm's contact person, and the date submitted.

- B. Table of Contents. Include a clear identification of the material by section and by page number.
- C. Proposing Firm Overview. Briefly describe the firm's background, size, governance, ownership and history.
- D. Identification and Qualification of Assigned Personnel
 1. Describe your firm's staffing proposal for providing services as indicated in the RFP. Describe the experience of the person who would be leading the study on behalf of the firm and of key additional staff that will be assigned to the project with a description of their area of responsibility.
 2. Describe the approach you would use to communicate and coordinate the project with MWW. The budget for the proposal should include time and travel expense for at least two in-person meetings with staff and/or MWW Board Trustees.
 3. Describe your firm's experience and current practice in working on similar studies as is being requested for MWW.
- E. Firm's Detailed Approach to the Scope of Services. The proposal shall address in detailed fashion the approach of the firm to conduct the study using the categories in the Scope of Services section of this RFP. MWW will supply data to the firm including estimated capital improvement costs, debt service and operating costs. MWW will ask the firm to add perspective on items such as inflation on revenues and expenses, comparable systems' operating costs, state or federal rules impacting utility systems, etc. Any perspective that can be added to the proposal on how your firm partners with its clients in dealing with these external influences on utility systems are welcomed.
- F. Compensation. Compensation on this proposal shall be based upon hourly rates. The proposal shall contain estimated staff, travel, and other costs associated with completion of the rate study and report as outlined in the scope of services.
- G. Team. The proposal shall include an outline of tasks to be completed by each member of the proposer's team.
- H. List of References. Provide at least 5 references of public clients of similar scope who have received services from your firm for work on similar studies. Please list the lead staff from your firm responsible for those studies.

Scope of Services

The study is expected to incorporate the following in the rate analysis:

- A. User Data. The firm undertaking the analysis will be expected to accurately model MWW's usage by customer or set of customer types in order that variations in MWW's tiered rate structure can be translated into revenue projections. MWW uses Tyler Technologies ERP Pro 10 software for its utility billing system. The firm will be expected to provide input on the impact of changing rate structures on user consumption based upon experience with other studies and upon research published in applicable literature.
- B. Revenue history and projections. The firm undertaking the study will utilize user data and population growth assumptions to project usage and revenues for the next five years and the next 20 years. The firm will be asked to provide recommendations and observations of factors that will influence revenues over these time periods.
- C. Expense history and projections. MWW will provide a range of expense projections for existing utility operations and the proposed water treatment plant.
- D. Capital Improvement Plan. MWW will provide its 5-year capital improvement plan for its traditional costs along with an expected cost and loan amortization schedule for the new water treatment facility.
- E. Debt service. MWW currently has one SRF loan; the amortization schedule is attached in the 12/12/2025 email. It is anticipated MWW will close on a second SRF loan on December 12, 2025; MWW will provide the associated proforma and estimated amortization schedule.
- F. Net position and cash balance history and projections. The revenue and expense calculations listed above will provide for annual cash flow. The firm is expected to estimate future cash balances and net positions for the utility along with recommendations regarding appropriate cash balances in the near term and longer term.
- G. Written report. The firm will be expected to provide a written report to include recommendations for one or more rate structures that reflect costs-of-service while balancing affordability and competitiveness, providing summary graphs and full projections and assumptions. The firm may be asked to help generate periodic documents for presentations to the Board of Trustees.
- K. Schedule. It is anticipated the successful proposer's team will begin work immediately after award. A draft of the rate study report should be completed by May 2026, with a final version of the rate study report completed by June 2026.

Proposal Evaluation & Selection

Qualitative Selection. MWW intends to retain the firm determined in MWW's view as the best qualified to perform the work and whose proposal best conforms with the needs of MWW, with experience, ability to communicate clearly, and other performance factors considered along with the cost of services.

Rights of Review: MWW reserves the right to reject any and all proposals or to request additional information from any and all proposers for purposes of clarification including cost

estimates, and to accept or negotiate any modification to any proposal following the deadline for receipt of all proposals.