



Department of Public Works
Engineering Division
Robert F. Phillips, P.E., City Engineer

City-County Building, Room 115
210 Martin Luther King, Jr. Boulevard
Madison, Wisconsin 53703
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Fax: (608) 264-9275
engineering@cityofmadison.com
www.cityofmadison.com/engineering

Assistant City Engineer
Michael R. Daley, P.E.

Principal Engineer 2
Gregory T. Fries, P.E.

Principal Engineer 1
Christina M. Bachmann, P.E.
Eric L. Dundee, P.E.
John S. Fahrney, P.E.
Christopher J. Petykowski, P.E.

Facilities & Sustainability
Jeanne E. Hoffman, Manager

Operations Manager
Kathleen M. Cryan

Mapping Section Manager
Eric T. Pederson, P.S.

Financial Manager
Steven B. Danner-Rivers

CITY OF MADISON

DEPARTMENT OF PUBLIC WORKS

CERTIFICATE OF SUBSTANTIAL COMPLETION

Public Works Contract: Anderson Street Sanitary Lining Repair

Contract Number: 7506

Contractor: CAPITOL UNDERGROUND INC

Date: 6/8/2015

The work on the above contract has been inspected by the director of the sponsoring agency and has been determined to be complete subject to the conditions of Section 105.16, "Guarantee of the Standard Specifications."

Also, for your convenience, the final affidavit forms for both the prime contractor and the subcontractor are attached. However, these forms will also be included with the contract finalization documents when they have been processed and are sent out.

Sincerely,

John S. Fahrney,
Construction Engineer

JSF

cc: Chris Kelley, City Streets
Norman Davis, Affirmative Action Office
Austin Johnson, Affirmative Action Office
Peter Holmgren, City Water Utility
Kathy Cryan, Engineering Division
Bryan Manning, Engineering Division
Chase O'Brien, Engineering Division
Johanna Johnson, Engineering Division
Kelsey Stone, Engineering Division
Debbie Wipperfurth, Engineering Division
T. J. Reilly, Engineering Division
Zak Arneson, Engineering Division
Jay Schlimgen, Engineering Division
Kay Hellenbrand Rutledge, Parks Division
Newspaper
Inspector
Bondsman John Walsh

Prime Contractor Affidavit of Compliance with Prevailing Wage Rate Determination

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

	Contract Name <u>Anderson Street Sanitary Lining Repair</u>
STATE OF <u>WISCONSIN</u>)	Contract # <u>7506</u> Determination # <u>201500014</u>
_____)	SS. Date Determination Issued <u>1/7/2015</u>
COUNTY OF <u>DANE</u>)	Awarding Agency <u>City Engineering Division</u>
	Date of Contract <u>May 5, 2015</u>
	Date Work Completed _____

After being duly sworn, the person whose name and signature appears below hereby states under penalty of perjury that:

1. I am the duly authorized officer of the corporation, partnership, sole proprietorship or business indicated below and have recently completed all of the work required under the terms and conditions of a contract with the above-named awarding agency and make this affidavit in accordance with the requirements set forth in ss. 66.0903(9)(c) or 103.49(4r)(c), Stats. and Ch. DWD 290 of the Wisconsin Administrative Code in order to obtain FINAL PAYMENT from such awarding agency.
2. I have fully complied with all of the wage and hour requirements applicable to this project, including all of the requirements set forth in the prevailing wage rate determination indicated above which was issued for such project by the Department of Workforce Development on the date indicated above.
3. I have received the required affidavit of compliance from each of my agents and subcontractors that performed work on this project and have listed each of their names and addresses on the reverse side of this affidavit.
4. I have full and accurate records which clearly indicate the name and trade or occupation of every worker(s) that I employed on this project, including an accurate record of the hours worked and actual wages paid to such worker(s).
5. I will retain the records and affidavit(s) described in 3. and 4. above and make them available for inspection for a period of at least three (3) years from the completion date indicated above at the address indicated below and shall not remove such records or affidavit(s) without prior notification to the awarding agency indicated above.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

_____ day of _____ _____ Signature of Notary Public State of _____ My Commission Expires _____	<table border="0" style="width: 100%;"> <tr> <td colspan="2"><u>Capitol Underground, Inc.</u></td> </tr> <tr> <td colspan="2">Name of Corporation, Partnership, Sole Proprietorship or Business</td> </tr> <tr> <td colspan="2"><u>782 Lois Drive, Sun Prairie, WI, 53590</u></td> </tr> <tr> <td colspan="2">Address (include Street or P.O. Box, City, State and Zip Code)</td> </tr> <tr> <td style="width: 60%;">_____ PRINT Name of Authorized Officer</td> <td style="width: 40%;">_____ Date Signed</td> </tr> <tr> <td>_____ Signature of Authorized Officer</td> <td>_____ Telephone #</td> </tr> </table>	<u>Capitol Underground, Inc.</u>		Name of Corporation, Partnership, Sole Proprietorship or Business		<u>782 Lois Drive, Sun Prairie, WI, 53590</u>		Address (include Street or P.O. Box, City, State and Zip Code)		_____ PRINT Name of Authorized Officer	_____ Date Signed	_____ Signature of Authorized Officer	_____ Telephone #
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Address (include Street or P.O. Box, City, State and Zip Code)													
_____ PRINT Name of Authorized Officer	_____ Date Signed												
_____ Signature of Authorized Officer	_____ Telephone #												

The statutory authority for the use of this form is prescribed in ss. 66.0903(9)(c) and 103.49(4r)(c), Stats. The use of this form is mandatory. The penalty for failing to complete this form is prescribed in s. 103.005(12), Stats.

List of Agents or Subcontractors

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

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Address _____

City, State, Zip Code _____

Telephone _____

Agent or Subcontractor Affidavit of Compliance with Prevailing Wage Rate Determination

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

Contract Name Anderson Street Sanitary Lining Repair

STATE OF WISCONSIN) Contract # 7506 Determination # 201500014
 _____) SS. Date Determination Issued 1/7/2015
 COUNTY OF DANE) Awarding Contractor Capitol Underground, Inc.
 _____) Date of Subcontract _____
 _____) Date Work Completed _____

After being duly sworn, the person whose name and signature appears below hereby states under penalty of perjury that:

1. I am the duly authorized officer of the corporation, partnership, sole proprietorship or business indicated below and have recently completed all of the work required under the terms and conditions of a subcontract with the above-named awarding contractor and make this affidavit in accordance with the requirements set forth in ss. 66.0903(9)(b) or 103.49(4r)(b), Stats. and Ch. DWD 290 of the Wisconsin Administrative Code in order to obtain FINAL PAYMENT from such awarding contractor.
2. I have fully complied with all of the wage and hour requirements applicable to this project, including all of the requirements set forth in the prevailing wage rate determination indicated above which was issued for such project by the Department of Workforce Development on the date indicated above.
3. I have received the required affidavit of compliance from each of my agents and subcontractors that performed work on this project and have listed each of their names and addresses on the reverse side of this affidavit.
4. I have full and accurate records which clearly indicate the name and trade or occupation of every worker(s) that I employed on this project, including an accurate record of the hours worked and actual wages paid to such worker(s).
5. I will retain the records and affidavit(s) described in 3. and 4. above and make them available for inspection for a period of at least three (3) years from the completion date indicated above at the address indicated below and shall not remove such records or affidavit(s) without prior notification to the awarding contractor indicated above.

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_____ day of _____ _____ Signature of Notary Public State of _____ My Commission Expires _____	_____ Name of Corporation, Partnership, Sole Proprietorship or Business _____ Address (include Street or P.O. Box, City, State and Zip Code) <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">PRINT Name of Authorized Officer</td> <td>Date Signed</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature of Authorized Officer</td> <td>Telephone #</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	PRINT Name of Authorized Officer	Date Signed	_____	_____	Signature of Authorized Officer	Telephone #	_____	_____
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