

NOTICE OF COMPLETION

I hereby give notice to the Michigan Department of Natural Resources that the project, which was permitted under applicable statute provisions has been completed.

PERMIT NUMBER 87-14-230	COUNTY Wayne
PROJECT COMPLETION DATE <i>Contract work has been suspended.</i>	AREA CODE & TELEPHONE NUMBER 313-224-3970
PERMITTEE'S SIGNATURE <i>Richard W. Ellena, Engineer of Survey</i>	

Non-compliance with reporting requirements may result in monetary penalty.
Completion of this form is required under the authority of the following applicable Acts: Act 146, P.A. 1961; Act 184, P.A. 1963; Act 245, P.A. 1929 & P.A. 1970; Act 247, P.A. 1955; Act 346, P.A. 1972; Act 347, P.A. 1972; all as amended and Act 203, P.A. 1979; and Act 231, P.A. 1970.

STATE OF MICHIGAN
 DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF LAND RESOURCE PROGRAMS

PERMIT FOR
 MINOR PROJECT ACTIVITIES

Permit No. 87-14-230
 Date Issued 9-24-87
 Extended _____
 Revised _____
 Expires December 31, 1988

- This permit is granted under provisions of:
- The Inland Lakes and Streams Act, 1972 P.A. 346, as amended.
 - The Great Lakes Submerged Lands Act, 1955 P.A. 247, as amended.
 - Flood Plain Regulatory Act, 1929 P.A. 245, as amended.
 - The Goemaere-Anderson Wetland Protection Act, 1979 P.A. 203.

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CITY OF DETROIT, ENGINEERING DEPT
900 CADILLAC TOWER, 65 CADILLAC SQ
DETROIT, MICH 48226

OTHER: (Specify other authority under which permit is issued.)

Permitted Activity

Construct a 195 foot steel seawall. Place approximately 40 cubic yards of clean fill material obtained from an upland source landward of the new seawall.

Water Course Affected	County	Town	Range	Sect.	Sub. and Lot Number
<u>FOX CREEK</u>	<u>WAYNE</u>	<u>25</u>	<u>11E</u>		

ALL WORK SHALL BE COMPLETED IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS ATTACHED HERETO. Authority granted by this permit is subject to the limitations and conditions marked with an (x) or (✓) below and to the limitations and conditions appearing on the reverse side of this permit.

- Unless authorized by attached plan, seawall, bulkhead, or revetment structure shall not extend waterward of existing water's edge or the ordinary water's edge, whichever is most landward. Structure shall be in place prior to placement of backfill materials.
- No fill or dredge material shall be placed in a wetland or in such a manner as to impede surface water flow unless authorized by the attached plan.
- Fill or backfill shall consist of clean, inert materials which will not cause siltation nor contain soluble chemicals or organic matter which is biodegradable. All fill shall be contained in such a manner as not to erode into any watercourse or wetland. All raw banks shall be stabilized with sod, seed, fertilizer and mulch or riprapped as necessary to prevent erosion.
- All dredge spoils and excavated materials, including organic and inorganic soils, vegetation and debris shall be placed above the ordinary high water mark, leveled and stabilized with sod and/or seed, fertilizer and mulched, in such a manner as not to erode into any waterbody or wetland.
- All beach fill shall be clean sand or washed pea gravel. Beach fill shall not exceed six inches in depth. The location of the existing shoreline contour shall not be altered. Beach fill shall not extend below the four foot underwater contour.
- To conform with 1929 P.A. 245, as amended, neither spoils nor dikes are authorized to be placed between the pond, lagoon, basin, or artificial waterway and the existing stream channel. No connection of the pond, lagoon, basin, or artificial waterway to the stream is authorized.
- Dredging is not authorized by this permit.
- Filling is not authorized by this permit.
- All shore protection structures must be located within _____ feet of the toe of the bluff.

Other In issuing this permit, the Department of Natural Resources has relied on the information and data which the permittee has provided in connection with the permit application. If, subsequent to the issuance of this permit, such information and data prove to be false, incomplete or inaccurate, the Department may modify, revoke or suspend the permit, in whole or in part, in accordance with the new information.

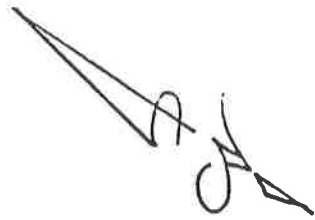
This permit is issued in accordance with Sec. 38-6-4 of Detroit City Code.

- DLRP, Lansing
- DLRP, Region/District
- Public Health
- Act 347 CEA
- USCE & USFWS

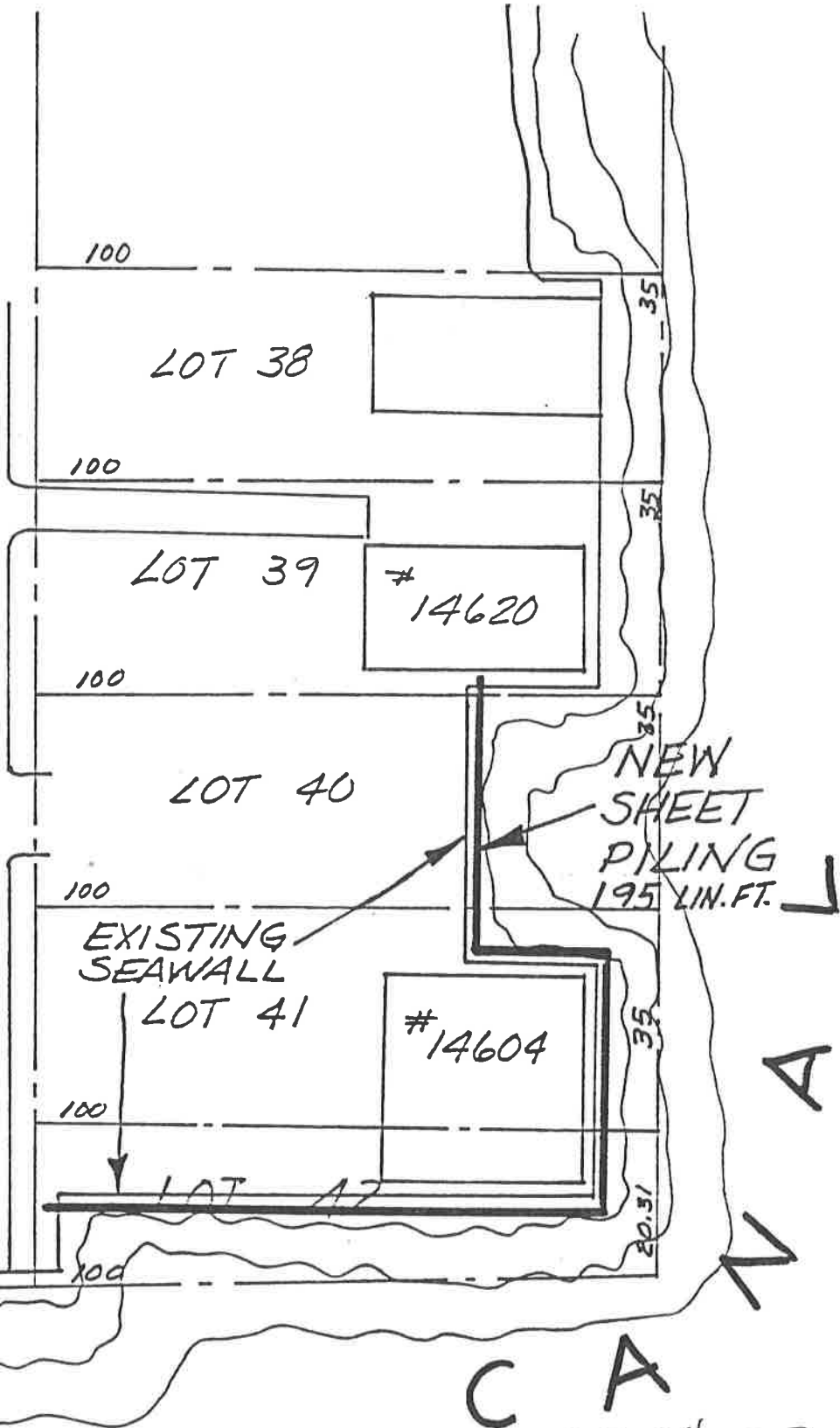
- CONTRACTOR
- _____
- Water Mngt. Div.
- District Law

GORDON E. GUYER
 Director, Department of Natural Resources

By Benny J. Hany
 DIVISION OF LAND RESOURCE PROGRAMS



KLENK AVE.



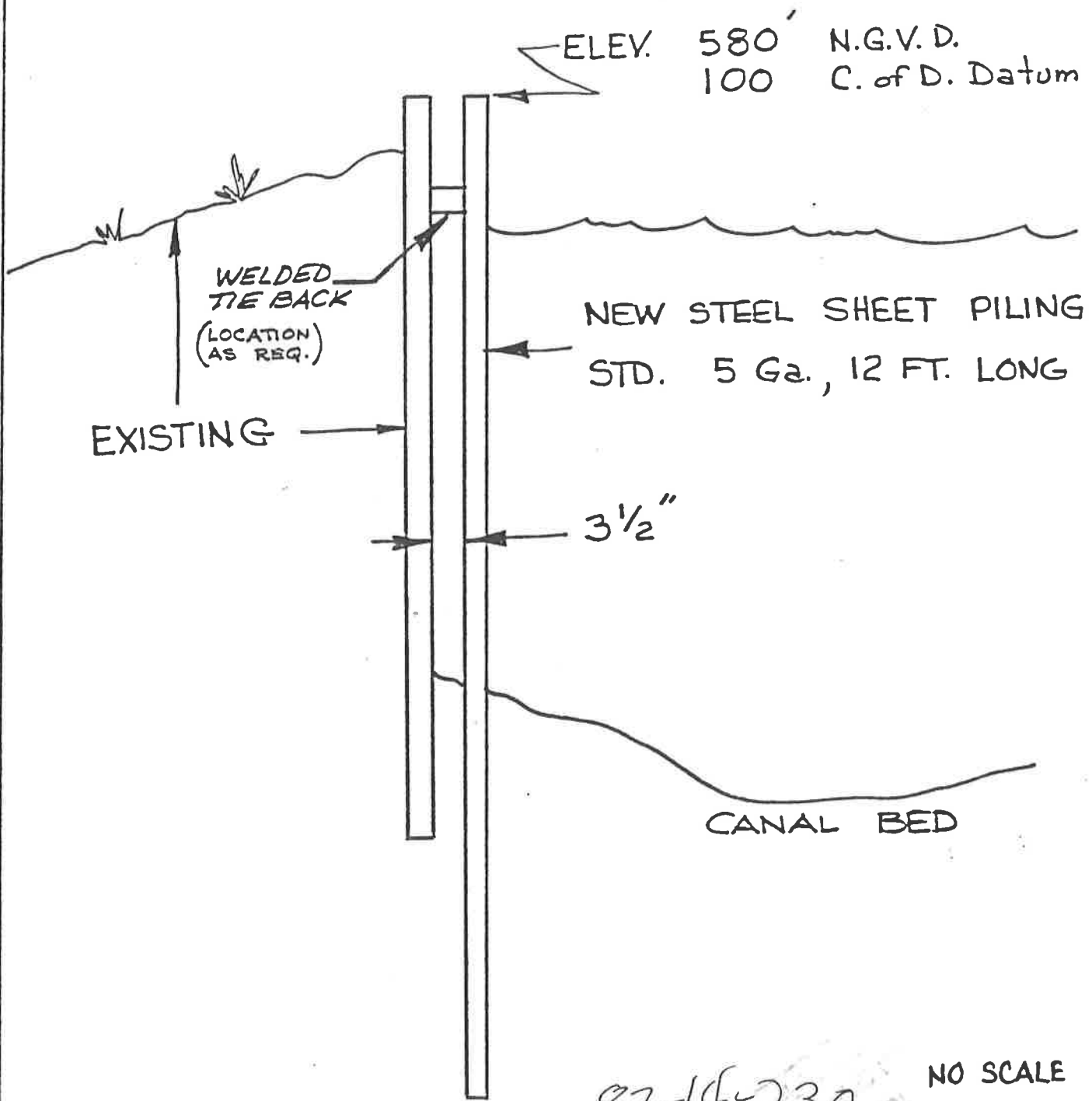
87-14-230

SEAWALL REPAIR
 #14604 KLENK
 195 LIN. FT.

CITY OF DETROIT
 EPMD
 City Engineering
 Division

Job No.
 Drwg. No.
 2-27

B					
A					
	DESCRIPTION	Drwn	Chkd	Appd	Date
REVISIONS					
	DRAWN BY	APPROVED			
	A. J. T.				
	TRACED BY	APPROVED			
	CHECKED	APPROVED			



ELEV. 580' N.G.V.D.
100 C. of D. Datum

WELDED
TIE BACK
(LOCATION
AS REQ.)

EXISTING

NEW STEEL SHEET PILING
STD. 5 Ga., 12 FT. LONG

3 1/2"

CANAL BED

87-14-230

NO SCALE

B					
A					
DESCRIPTION	Drwn	Chkd	Appd	Date	
REVISIONS					
DRAWN BY A.J.T.	APPROVED				
TRACED BY	APPROVED				
CHECKED	APPROVED				
CITY ENGINEER					

TYPICAL
CROSS SECTION
FOX CREEK CANAL
SEAWALL REPAIRS

CITY OF DETROIT
Dept. of Public Works
City Engineers Office

Job No.

Drwg. No.

Date FEB 87



1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	8									
PATRICK McCUE	SUPERINTENDENT	4.0					4.0	35.00	140.00		
		4.0					4.0	36.96	147.84		
ROY WASHINGTON	FOREMAN	5.0					5.0	24.64	123.20		
		4.0					4.0	32.15	128.60		
GORDON PENNER	LABORER	7.0					7.0	21.43	150.01		
		4.0					4.0	40.44	161.76		
LEO KELLY	OPERATOR	4.0					4.0	26.96	107.84		
		4.0					4.0	43.19	172.76		
JAMES LESURE	CARPENTER	6.0					6.0	28.79	172.74		
		4.0					4.0	32.15	128.60		
CASTANA WINTERS	LABORER	7.0					7.0	21.43	150.01		
		4.0					4.0	32.15	128.60		
CYNTHIA GRIER	LABORER	8.0					8.0	21.43	171.44		
		4.0					4.0	32.15	128.60		
ARNIL WRIGHT	LABORER	6.0					6.0	21.43	128.58		
SUB-TOTAL									2,140.58		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount	Date of Payment
Date	Purchased from	Item			
Attach Original Bills for Materials and Freight				Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



1101 (7/84)

FORCE ACCOUNT STATEMENT
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FILE 104

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 14604 KLENK

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

To Accompany Recommendation No. _____ Date _____

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	8									
GMC 3/4 TON DIESEL PICKUP		4.0					4.0	8.89	35.56		
CHEVY 3/4 TON DIESEL PICKUP		9.0					9.0	8.89	80.01		
INGERSOLL 375 COMPRESSOR		11.0					11.0	31.58	347.38		
MF 44C LOADER		11.0					11.0	76.67	843.37		
BOBCAT 843 WITH BACKHOE		11.0					11.0	33.81	371.91		
90 POUND BREAKER		11.0					11.0	2.31	25.41		
BOBCAT 843		10.0					10.0	25.31	253.10		
SUB-TOTAL									1,956.74		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

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R. L. Roberts
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



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FILE 104

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	Date—Month of								Total Hours	Rate	Amount	Credit Time
		7											
ROY WASHINGTON	FOREMAN	5.5								5.5	36.96	203.28	
		4.0								4.0	24.64	98.56	
		5.0								5.0	32.15	160.75	
GORDON PENNER	LABORER	8.0								8.0	21.43	171.44	
		5.5								5.5	40.44	222.42	
LEO KELLY	OPERATOR	8.0								8.0	26.96	215.68	
		5.0								5.0	32.15	160.75	
CASANA WINTERS	LABORER	8.0								8.0	21.43	171.44	
		5.0								5.0	43.19	215.95	
JAMES LESURE	CARPENTER	8.0								8.0	28.79	230.32	
SUB-TOTAL												1,850.59	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.												Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment
Total				

Attach Original Bills for Materials and Freight

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. [Signature]
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



1101 (7/84)

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FILE 104

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	7									
FORD 3/4 TON GAS PICKUP		9.5						9.5	13.53	128.54	
MF 44C LOADER		10.0						10.0	76.67	766.70	
BOBCAT 843 WITH BACKHOE		11.0						11.0	33.81	371.91	
INGERSOLL 375 COMPRESSOR		13.0						13.0	31.58	410.54	
90 POUND BREAKER		13.0						13.0	2.31	30.03	
SUB-TOTAL										1,707.72	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

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Contractor

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Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>							Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work											
PATRICK MCCOE	SUPERINTENDENT							4.0	4.0	35.00	140.00	
ROY WASHINGTON	FOREMAN							4.0	4.0	49.28	197.12	
GORDON PENNER	LABORER							8.0	8.0	42.86	342.88	
LEO KELLY	OPERATOR							8.0	8.0	53.92	431.36	
CASTANA WINTERS	LABORER							8.0	8.0	42.86	342.88	
JAMES LESURE	CARPENTER							8.0	8.0	57.58	460.64	
SUB-TOTAL											1,914.88	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.											Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount		Date of Payment	
Date	Purchased from	Item					
Attach Original Bills for Materials and Freight				Total			

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R. L. Boyatz
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



1101 (7/84)

FORCE ACCOUNT STATEMENT

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C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of... <u>APRIL</u> 19 <u>86</u>							Amount	Credit Time
Name of Employee	Class of Work					6	Total Hours	Rate		
GMC ³ / ₄ TON DIESEL PICKUP						4.0	4.0	8.89	35.56	
FORD ³ / ₄ TON GAS PICKUP						4.0	4.0	13.53	54.12	
MF 44C LOADER						8.0	8.0	76.67	613.36	
BOBCAT 843 WITH BACKHOE						8.0	8.0	33.81	270.48	
INGERSOLL 375 COMPRESSOR						8.0	8.0	31.58	252.64	
90 POUND BREAKER						8.0	8.0	2.31	18.48	
<u>SUB-TOTAL</u>									<u>1,244.64</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount		Date of Payment	
Date	Purchased from	Item					
<u>Attach Original Bills for Materials and Freight</u>					Total		

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____.

R. L. Boyatzis
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



FORCE ACCOUNT STATEMENT
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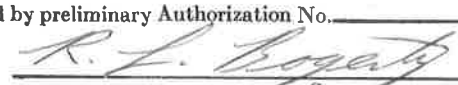
C. S. ID. - Job No. _____
 Fed. Item No. _____ Year _____ Route No. _____
 Fed. No. _____
 Length and Type of Work MANPOWER FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					1986		Amount	Credit Time
Name of Employee	Class of Work				5	Total Hours	Rate			
PATRICK MCCUE	SUPERINTENDENT				4.0	4.0	35.00	140.00		
ROY WASHINGTON	FOREMAN				4.0	4.0	36.96	147.84		
GORDON PENNER	LABORER				8.0	8.0	32.15	257.20		
LEO KELLY	OPERATOR				8.5	8.5	40.44	343.74		
CASTANA WINTERS	LABORER				8.0	8.0	32.15	257.20		
PHIL CHAMBERS					8.0	8.0	44.99	359.92		
SUB-TOTAL									1,505.90	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

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 Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



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C. S. ID. -- Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					APRIL 1986		Amount	Credit Time
Name of Employee	Class of Work				5	Total Hours	Rate			
GMC 7/4 TON DIESEL PICKUP					4.0	4.0	8.89	35.56		
FORD 7/4 TON GAS PICKUP					4.0	4.0	13.53	54.12		
MF 44C LOADER					8.0	8.0	76.67	613.36		
BOBCAT 843 WITH BACKHOE					8.0	8.0	33.81	270.48		
INGERSOLL 375 COMPRESSOR					8.0	8.0	31.58	252.64		
90 POUND BREAKER					8.0	8.0	2.31	18.48		
SUB-TOTAL									1,244.64	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount	Date of Payment
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R. L. Boyatzis
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



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C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>					Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work									
PATRICK McCUE	SUPERINTENDENT				4.0	4.0	35.00	140.00		
					3.0	3.0	32.15	96.45		
GORDON PENNER	LABORER				8.0	8.0	21.43	171.44		
					3.0	3.0	32.15	96.45		
CASIANA WINTERS	LABORER				8.0	8.0	21.43	171.44		
					3.0	3.0	32.15	96.45		
ARNIL WRIGHT	LABORER				8.0	8.0	21.43	171.44		
					3.0	3.0	32.15	96.45		
CYNTHIA GRIER	LABORER				8.0	8.0	21.43	171.44		
LEO KELLY	OPERATOR				8.0	8.0	26.96	215.68		
SUB-TOTAL									1,427.24	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount	Date of Payment
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R. L. Bryant
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



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C. S. ID. - Job No. _____
 Fed. Item No. _____ Year _____ Route No. _____
 Fed. No. _____
 Length and Type of Work EQUIPMENT FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
							11				
									APRIL	1986	
GMC 3/4 Ton DIESEL PICKUP							4.0	4.0	8.89	35.56	
FORD 3/4 Ton GAS PICKUP							11.0	11.0	13.53	148.83	
MF 44C LOADER							8.0	8.0	76.67	613.36	
INGERSOLL 175 COMPRESSOR							11.0	11.0	15.86	174.46	
90 POUND BREAKER							11.0	11.0	2.31	25.41	
BOBCAT 843 WITH BACKHOE							11.0	11.0	33.81	371.91	
LINCOLN 225 WELDER							11.0	11.0	4.86	53.46	
SUB-TOTAL										1,422.99	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT					Amount	Date of Payment
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 Contractor

Checked by _____ Resident or Project Engineer
 Approved by _____ District Engineer
 Date _____

**FORCE ACCOUNT STATEMENT**

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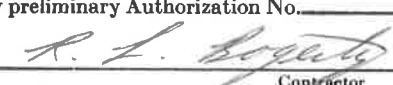
C. S. ID. - Job No. _____
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 Fed. No. _____
 Length and Type of Work MANPOWER FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 Novi Road
Novi, Michigan 48050

PAYROLL AND EQUIPMENT RENTAL			Date—Month of <u>APRIL</u> 19 <u>86</u>					Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
PATRICK McCUE	SUPERINTENDENT			10			4.0	35.00	140.00		
ROY WASHINGTON	FOREMAN			1.0			1.0	24.64	24.64		
				3.0			3.0	32.15	96.45		
GORDON PENNER	LABORER			8.0			8.0	21.43	171.44		
				3.0			3.0	32.15	96.45		
CASTANA WINTERS	LABORER			8.0			8.0	21.43	171.44		
				3.0			3.0	32.15	96.45		
ARVIL WRIGHT	LABORER			8.0			8.0	21.43	171.44		
				3.0			3.0	32.15	96.45		
CYNTHIA GRIER	LABORER			8.0			8.0	21.43	171.44		
				3.0			3.0	40.44	121.32		
LEO KELLY	OPERATOR			8.0			8.0	26.96	215.68		
							SUB-TOTAL		1,573.20		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount	Date of Payment
Date	Purchased from	Item			
Attach Original Bills for Materials and Freight				Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____


 Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



FORCE ACCOUNT STATEMENT
This information required by MDOT in order to record charges on force account work performed.

C. S. ID. - Job No. _____
 Fed. Item No. _____ Year _____ Route No. _____
 Fed. No. _____
 Length and Type of Work EQUIPMENT FOR
14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of				APRIL 1986		Amount	Credit Time	
Name of Employee	Class of Work					Total Hours	Rate			
GMC 3/4 TON DIESEL PICKUP				10		4.0	8.89	35.56		
CHEVY 3/4 TON DIESEL PICKUP				1.0		1.0	8.89	8.89		
FORD 3/4 TON GAS PICKUP				11.0		11.0	13.53	148.83		
MF 44C LOADER				11.0		11.0	76.67	843.37		
INGERSOLL 375 COMPRESSOR				4.0		4.0	31.58	126.32		
INGERSOLL 175 COMPRESSOR				7.0		7.0	15.86	111.02		
90 POUND BREAKER				11.0		11.0	2.31	25.41		
BOBCAT 843 WITH BACKHOE				11.0		11.0	33.81	371.91		
LINCOLN 225 WELDER				11.0		11.0	4.86	53.46		
SUB-TOTAL									1,724.77	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								Total		

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____.

R. L. Bogard
 Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



FORCE ACCOUNT STATEMENT
 This information required by MDOT in order to record charges on force account work performed.

1101 (7/84)

C. S. ID. — Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD

NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	9			Total Hours	Rate	Amount	Credit Time	
PATRICK MCCUE	SUPERINTENDENT	4.0			4.0	35.00	140.00		
ROY WASHINGTON	FOREMAN	4.0			4.0	24.64	98.56		
		3.5			3.5	32.15	112.53		
GORDON PENNER	LABORER	8.0			8.0	21.43	171.44		
CASTANA WINTERS	LABORER	5.5			5.5	21.43	117.87		
CYNTHIA GRIER	LABORER	6.0			6.0	21.43	128.58		
LEO KELLY	OPERATOR	8.0			8.0	26.96	215.68		
		3.5			3.5	32.15	112.53		
ARVIL WRIGHT	LABORER	8.0			8.0	21.43	171.44		
SUB-TOTAL								1,268.63	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total _____

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight			Total		

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Sparty
 Contractor

Checked by _____ Approved by _____ District Engineer _____ Date _____



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This information required by MDOT in order to record charges on force account work performed.

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of				APRIL 1986		Amount	Credit Time	
Name of Employee	Class of Work	9	10	11	12	Total Hours	Rate			
GMC 3/4 TON DIESEL PICKUP		4.0				4.0	8.89	35.56		
CHEVY 3/4 TON DIESEL PICKUP		4.0				4.0	8.89	35.56		
MF 44C LOADER		8.0				8.0	76.67	613.36		
BOBCAT 843 WITH BACKHOE		11.5				11.5	33.81	388.82		
INGERSOLL 375 COMPRESSOR		11.5				11.5	31.58	363.17		
90 POUND BREAKER		11.5				11.5	2.31	26.57		
HOBART 422 DIESEL GENERATOR		11.5				11.5	12.41	142.72		
SUB-TOTAL									1,605.76	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								Total		

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____.

R. L. Bryant
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

1986

14604 KLENK

MANPOWER EQUIPMENT

4-3	193954	179359
4-4	159594	186271
4-5	150590	124464
4-6	191488	124464
4-7	185059	170772
4-8	214058	195674
4-9	126863	160576
4-10	157320	172477
4-11	142724	142299

March 24 thru May 16 1526050 1456356

Boat yard with launching ramp
Shore line 170 feet

Sheet piling 136 feet on south and
west property line

86-22-28

14604 KLENK

STEEL SHEETING LOCATION

14600 KLENK

4/29/86

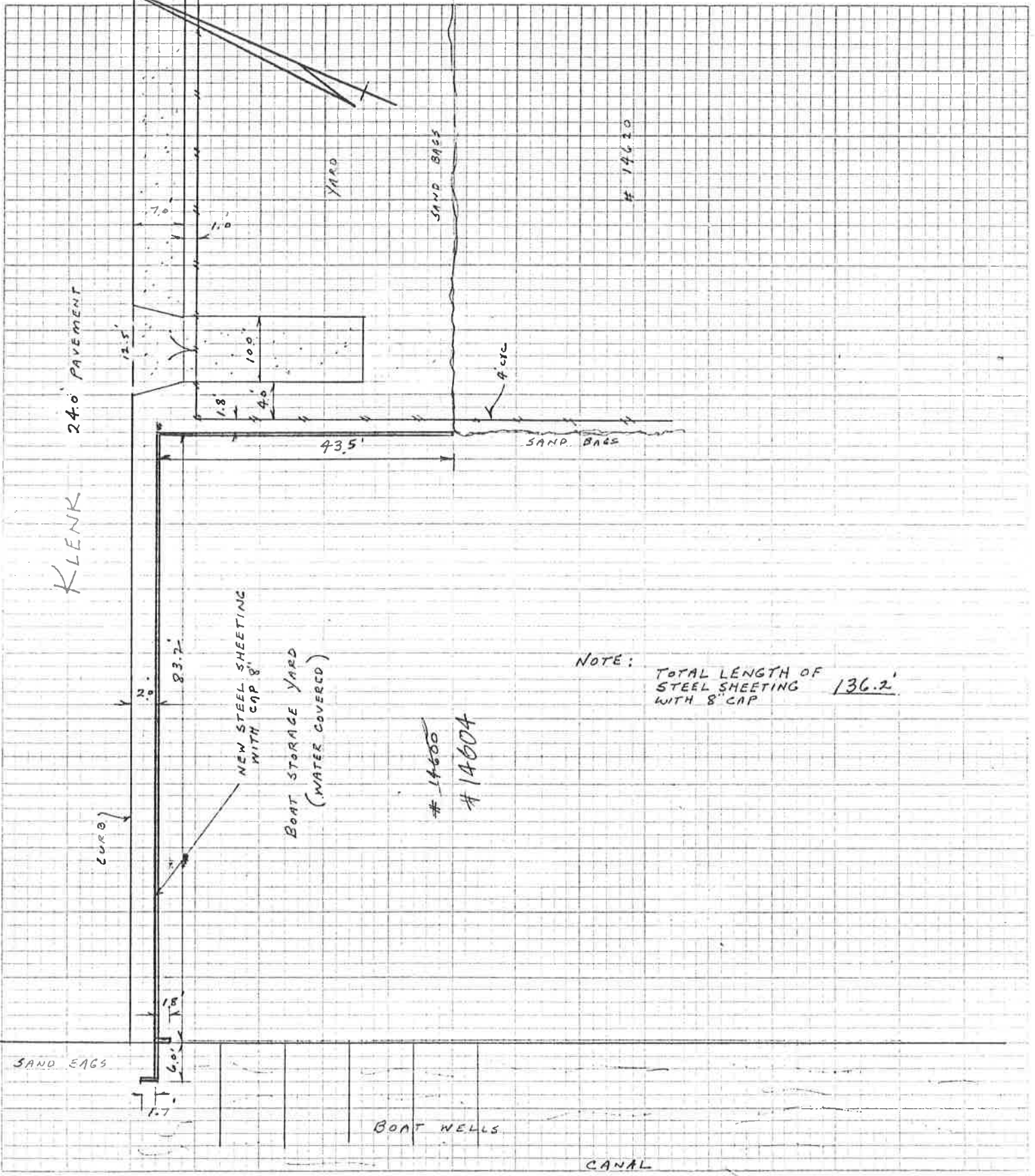
J. DREWS P.C.

Form 220
(Rev. 5 70)

Control Section Identification _____

Job Number _____

Page _____



SUBJECT INDIVIDUAL LOCATION COST DETAIL
DETAIL 14604 KLENK ISLAND
FLOOD CONTROL DATE MAY 16, 1986

JOB NO. 86-22-28
SHEET NO. OF SHEETS
MADE BY W. RANKIN
CHECKED BY

LABOR	15,216.50
EQUIPMENT	14,563.56
MATERIAL	5,373.43
JOBSITE DIRECT COST	1,138.63
INDIRECT JOBSITE COST	1,865.63
GENERAL LIABILITY INSURANCE	2,817.43
PLUS - 10% OVERHEAD	4,097.52
PLUS - 15% PROFIT	6,760.91
PLUS - 1% BOND	518.34
TOTAL - TO DATE	\$ 52,351.95



1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR
14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>							Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work											
<u>PATRICK M'CUE</u>	<u>SUPERINTENDENT</u>							<u>4.0</u>	<u>35.00</u>	<u>140.00</u>		
								<u>3.0</u>	<u>32.15</u>	<u>96.45</u>		
<u>GORDON PENNER</u>	<u>LABORER</u>							<u>8.0</u>	<u>21.43</u>	<u>171.44</u>		
								<u>3.0</u>	<u>32.15</u>	<u>96.45</u>		
<u>CASTANA WINTERS</u>	<u>LABORER</u>							<u>8.0</u>	<u>21.43</u>	<u>171.44</u>		
								<u>3.0</u>	<u>32.15</u>	<u>96.45</u>		
<u>ARVIL WRIGHT</u>	<u>LABORER</u>							<u>8.0</u>	<u>21.43</u>	<u>171.44</u>		
								<u>3.0</u>	<u>32.15</u>	<u>96.45</u>		
<u>CYNTHIA GRIER</u>	<u>LABORER</u>							<u>8.0</u>	<u>21.43</u>	<u>171.44</u>		
<u>LEO KELLY</u>	<u>OPERATOR</u>							<u>8.0</u>	<u>26.96</u>	<u>215.68</u>		
								<u>SUB-TOTAL</u>		<u>1,427.24</u>		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.											Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount	Date of Payment
Date	Purchased from	Item			
Attach Original Bills for Materials and Freight				Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. J. [Signature]
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

C. S. ID. - Job No. _____
 Fed. Item No. _____ Year _____ Route No. _____
 Fed. No. _____
 Length and Type of Work EQUIPMENT FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of				APRIL 1986		Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
GMC 3/4 Ton DIESEL PICKUP						4.0	4.0	8.89	35.56		
FORD 3/4 Ton GAS PICKUP						11.0	11.0	13.53	148.83		
MF 44C LOADER						8.0	8.0	76.67	613.36		
INGERSOLL 175 COMPRESSOR						11.0	11.0	15.86	174.46		
90 POUND BREAKER						11.0	11.0	2.31	25.41		
BOBCAT 843 WITH BACKHOE						11.0	11.0	33.81	371.91		
LINCOLN 225 WELDER						11.0	11.0	4.86	53.46		
SUB-TOTAL									1,422.99		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount	Date of Payment
Date	Purchased from	Item	Total		
Attach Original Bills for Materials and Freight				Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Contractor

Checked by _____ Resident or Project Engineer
 Approved by _____ District Engineer
 Date _____



COPY FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	10	Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL PICKUP		4.0	4.0	8.89	35.56	
CHEVY 3/4 TON DIESEL PICKUP		1.0	1.0	8.89	8.89	
FORD 3/4 TON GAS PICKUP		11.0	11.0	13.53	148.83	
MF 44C LOADER		11.0	11.0	76.67	843.37	
INGERSOLL 375 COMPRESSOR		4.0	4.0	31.58	126.32	
INGERSOLL 175 COMPRESSOR		7.0	7.0	15.86	111.02	
90 POUND BREAKER		11.0	11.0	2.31	25.41	
BOBCAT 843 WITH BACKHOE		11.0	11.0	33.81	371.91	
LINCOLN 225 WELDER		11.0	11.0	4.86	53.46	
SUB-TOTAL					1,724.77	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.						Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight			Total		

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Kopy
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. - Job No. _____
 Fed. Item No. _____ Year _____ Route No. _____
 Fed. No. _____
 Length and Type of Work MANPOWER FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor CLAUGHLIN CONSTRUCTION COMPANY
 Address 24460 Novi Road
Novi, Michigan 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>										Amount	Credit Time
Name of Employee	Class of Work										Total Hours		
PATRICK McCUE	SUPERINTENDENT										4.0	35.00	140.00
ROY WASHINGTON	FOREMAN										1.0	24.64	24.64
											3.0	32.15	96.45
GORDON PENNER	LABORER										8.0	21.43	171.44
											3.0	32.15	96.45
CASTANA WINTERS	LABORER										8.0	21.43	171.44
											3.0	32.15	96.45
ARVIL WRIGHT	LABORER										8.0	21.43	171.44
											3.0	32.15	96.45
CYNTHIA GRIER	LABORER										8.0	21.43	171.44
											3.0	40.44	121.32
LEO KELLY	OPERATOR										8.0	26.96	215.68
SUB-TOTAL												1,573.20	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.												Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Soyars
 Contractor

Checked by _____ Approved by _____ Date _____
Resident or Project Engineer District Engineer



1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 14604 KLENK


To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of						1986		Amount	Credit Time
Name of Employee	Class of Work		9				Total Hours	Rate			
GMC 3/4 TON DIESEL PICKUP			4.0				4.0	8.89	35.56		
CHEVY 3/4 TON DIESEL PICKUP			4.0				4.0	8.89	35.56		
MF 44C LOADER			8.0				8.0	76.67	613.36		
BOBCAT 843 WITH BACKHOE			11.5				11.5	33.81	388.82		
INGERSOLL 375 COMPRESSOR			11.5				11.5	31.58	363.17		
90 POUND BREAKER			11.5				11.5	2.31	26.57		
HOBART 422 DIESEL GENERATOR			11.5				11.5	12.41	142.72		
SUB-TOTAL									1,605.76		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____.


 Contractor

Checked by _____ Resident or Project Engineer
 Approved by _____ District Engineer
 Date _____



FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
PATRICK McCUE	SUPERINTENDENT		9				4.0	35.00	140.00		
ROY WASHINGTON	FOREMAN		4.0				4.0	24.64	98.56		
			3.5				3.5	32.15	112.53		
GORDON PENNER	LABORER		8.0				8.0	21.43	171.44		
CASTANA WINTERS	LABORER		5.5				5.5	21.43	117.87		
CYNTHIA GRIER	LABORER		6.0				6.0	21.43	128.58		
LEO KELLY	OPERATOR		8.0				8.0	26.96	215.68		
			3.5				3.5	32.15	112.53		
ARVIL WRIGHT	LABORER		8.0				8.0	21.43	171.44		
SUB-TOTAL									1,268.63		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total		

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bryant
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor OLAUGHLIN CONSTRUCTION COMPANY
Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> <u>1986</u>					Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	8								
GMC 3/4 Ton DIESEL PICKUP		4.0					4.0	8.89	35.56	
CHEVY 3/4 Ton DIESEL PICKUP		9.0					9.0	8.89	80.01	
INGERSOLL 375 COMPRESSOR		11.0					11.0	31.58	347.38	
MF 44C LOADER		11.0					11.0	76.67	843.37	
BOBCAT 843 With BACKHOE		11.0					11.0	33.81	371.91	
90 POUND BREAKER		11.0					11.0	2.31	25.41	
BOBCAT 843		10.0					10.0	25.31	253.10	
SUB-TOTAL									1,956.74	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. J. Roberts
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	7									
		5.5						5.5	36.96	203.28	
<u>ROY WASHINGTON</u>	<u>FOREMAN</u>	4.0						4.0	24.64	98.56	
		5.0						5.0	32.15	160.75	
<u>GORDON PENNER</u>	<u>LABORER</u>	8.0						8.0	21.43	171.44	
		5.5						5.5	40.44	222.42	
<u>LEO KELLY</u>	<u>OPERATOR</u>	8.0						8.0	26.96	215.68	
		5.0						5.0	32.15	160.75	
<u>CASTANA WINTERS</u>	<u>LABORER</u>	8.0						8.0	21.43	171.44	
		5.0						5.0	43.19	215.95	
<u>JAMES LESURE</u>	<u>CARPENTER</u>	8.0						8.0	28.79	230.32	
<u>SUB-TOTAL</u>										<u>1,850.59</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount	Date of Payment
Date	Purchased from	Item			
Attach Original Bills for Materials and Freight				Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____.

R. L. [Signature]
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



COPY
FORCE ACCOUNT STATEMENT
This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. - Job No. _____
 Fed. Item No. _____ Year _____ Route No. _____
 Fed. No. _____
 Length and Type of Work EQUIPMENT FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor OLAUGHLIN CONSTRUCTION COMPANY
 Address 24460 Novi Road
Novi, Michigan 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of						19 <u>86</u>		Amount	Credit Time
Name of Employee	Class of Work	7						Total Hours	Rate		
FORD 3/4 TON GAS PICKUP		9.5						9.5	13.53	128.54	
MF 4HC LOADER		10.0						10.0	76.67	766.70	
BOBCAT 843 WITH BACKHOE		11.0						11.0	33.81	371.91	
INGERSOLL 375 COMPRESSOR		13.0						13.0	31.58	410.54	
90 POUND BREAKER		13.0						13.0	2.31	30.03	
SUB-TOTAL										1,707.72	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount	Date of Payment
Date	Purchased from	Item			
Attach Original Bills for Materials and Freight				Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Checked by _____ Resident or Project Engineer Approved by *R. L. Bryant* District Engineer Date _____
 Contractor



1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
Address 24460 Novi Road
Novi, Michigan 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work							6	Total Hours	Rate	Amount	Credit Time
PATRICK MCCUE	SUPERINTENDENT							4.0	4.0	35.00	140.00	
ROY WASHINGTON	FOREMAN							4.0	4.0	49.28	197.12	
GORDON PENNER	LABORER							8.0	8.0	42.86	342.88	
LEO KELLY	OPERATOR							8.0	8.0	53.92	431.36	
CASTANA WINTERS	LABORER							8.0	8.0	42.86	342.88	
JAMES LESURE	CARPENTER							8.0	8.0	57.58	460.64	
SUB-TOTAL											1,914.88	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.											Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight			Total		

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. [Signature]
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



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C. S. ID. - Job No. _____
 Fed. Item No. _____ Year _____ Route No. _____
 Fed. No. _____
 Length and Type of Work EQUIPMENT FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date--Month of						1986		Amount	Credit Time	
Name of Employee	Class of Work							6	Total Hours			Rate
GMC 3/4 TON DIESEL PICKUP								4.0	4.0	8.89	35.56	
FORD 3/4 TON GAS PICKUP								4.0	4.0	13.53	54.12	
MF 44C LOADER								8.0	8.0	76.67	613.36	
BOBCAT 843 WITH BACKHOE								8.0	8.0	33.81	270.48	
INGERSOLL 375 COMPRESSOR								8.0	8.0	31.58	252.64	
90 POUND BREAKER								8.0	8.0	2.31	18.48	
SUB-TOTAL											1,244.64	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total		

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight			Total		

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____.

Checked by _____ Resident or Project Engineer
 Approved by R. L. Bonafant Contractor
 District Engineer _____ Date _____



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C. S. ID. - Job No. _____
 Fed. Item No. _____ Year _____ Route No. _____
 Fed. No. _____
 Length and Type of Work MANPOWER FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 34460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					1986		Amount	Credit Time
Name of Employee	Class of Work					5	Total Hours	Rate		
PATRICK McCUE	SUPERINTENDENT					4.0	4.0	35.00	140.00	
ROY WASHINGTON	FOREMAN					4.0	4.0	36.96	147.84	
GORDON PENNER	LABORER					8.0	8.0	32.15	257.20	
LEO KELLY	OPERATOR					8.5	8.5	40.44	343.74	
CASTANA WINTERS	LABORER					8.0	8.0	32.15	257.20	
PHIL CHAMBERS						8.0	8.0	44.99	359.92	
SUB-TOTAL									1,505.90	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT				Amount	Date of Payment
Date	Purchased from	Item			
Attach Original Bills for Materials and Freight				Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Contractor

Checked by _____ Resident or Project Engineer
 Approved by _____ District Engineer
 Date _____



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C. S. ID. - Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 14604 KLENK

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of... APRIL 1986

Name of Employee	Class of Work	5	Total Hours	Rate	Amount	Credit Time
GMC 3/4 Ton DIESEL PICKUP		4.0	4.0	8.89	35.56	
FORD 3/4 Ton GAS PICKUP		4.0	4.0	13.53	54.12	
MF 44C LOADER		8.0	8.0	76.67	613.36	
BOBCAT 843 WITH BACKHOE		8.0	8.0	33.81	270.48	
INGERSOLL 375 COMPRESSOR		8.0	8.0	31.58	252.64	
90 POUND BREAKER		8.0	8.0	2.31	18.48	
SUB-TOTAL						
					1,244.64	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment
Attach Original Bills for Materials and Freight			Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Checked by _____ Resident or Project Engineer Approved by R. L. Bogarty Contractor Date _____ District Engineer



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C. S. ID. - Job No. _____
 Fed. Item No. _____ Year _____ Route No. _____
 Fed. No. _____
 Length and Type of Work MANPOWER FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 Novi Road
Novi, Michigan 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
PATRICK M'CUÉ	SUPERINTENDENT				4		4.0	35.00	140.00		
ROY WASHINGTON	FOREMAN				7.0		7.0	36.96	258.72		
LEO KELLY	OPERATOR				3.5		3.5	40.44	141.54		
GORDON PENNER	LABORER				8.0		8.0	26.96	215.68		
PHILIP CHAMBERS					4.0		4.0	32.15	128.60		
CASTANA WINTERS	LABORER				8.0		8.0	21.43	171.44		
SUB-TOTAL									1,595.94		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogatz
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



1101 (7/84)

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 Fed. No. _____
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 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 Novi Road
Novi, Michigan 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	Date—Month of				Total Hours	Rate	Amount	Credit Time	
CHEVY 3/4 TON DIESEL PICKUP				4		4.0	8.89	35.56		
FORD 3/4 TON GAS PICKUP				7.0		7.0	13.53	94.71		
MF 44C LOADER				12.0		12.0	76.67	920.04		
BOBCAT 843 WITH BACKHOE				12.0		12.0	33.81	405.72		
INGERSOLL 375 COMPRESSOR				12.0		12.0	31.58	378.96		
90 POUND BREAKER				12.0		12.0	2.31	27.72		
SUB-TOTAL								1,862.71		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								Total		

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight			Total		

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Coyne
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____



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FILE 104

C. S. ID. - Job No.

Fed. Item No. Year Route No.

Fed. No.

Length and Type of Work MANPOWER FOR 14604 KLENK

To Accompany Recommendation No. Date

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Table with columns: Name of Employee, Class of Work, Hours, Rate, Amount, Credit Time. Includes rows for PATRICK McCOE, ROY WASHINGTON, LEO KELLY, GORDON PENNER, PHILIP CHAMBERS, CASTANA WINTERS, and a SUB-TOTAL row.

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Table with columns: Date, Purchased from, Item, Amount, Date of Payment. Includes a Total row at the bottom.

Attach Original Bills for Materials and Freight

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials.

Signature of Contractor

Checked by Resident or Project Engineer Approved by District Engineer Date



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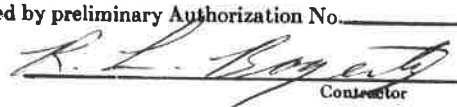
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 Length and Type of Work EQUIPMENT FOR 14604 KLENK
 To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY
 Address 24460 Novi Road
Novi, Michigan 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of						1986		Amount	Credit Time
Name of Employee	Class of Work						Total Hours	Rate			
CHEVY 3/4 TON DIESEL PICKUP						3	4.0	8.89	35.56		
FORD 3/4 TON GAS PICKUP						13.0	13.0	13.53	175.89		
MF 44C LOADER						12.5	12.5	76.67	958.38		
INGERSOLL 175 COMPRESSOR						12.0	12.0	15.86	190.32		
BOBCAT 843 WITH BACKHOE						12.0	12.0	33.81	405.72		
90 POUND BREAKER						12.0	12.0	2.31	27.72		
SUB-TOTAL									1,793.59		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

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 Contractor

Checked by _____ Resident or Project Engineer
 Approved by _____ District Engineer
 Date _____