

Top Creek Flood Control 1986

14660 KLEUK

MANPOWER EQUIPMENT MAT'L

7-30	396 00	67 78		
31	302 90	8 89		
8-1	235 80	317 91		
May 27 thru Aug 1	934 70	394 58		
8-4	320 90	109 74		
5	656 44	283 02		
6	604 58	283 02		
7	387 30	188 68		
15	154 17	358 88	2123.39	1223.34
26	134 52	137 92		
27	380 20	95 07		
8-28	253 02	17 78		
9-2	88 68	27 06		
August 18 thru Sept 4	906 42	277 83		
TOTAL	3964 51	1895 75		

Site 105' wide

Remove conc slab 30' x 2'

Excavate behind existing sea wall

Clay backfill, tamp 105'

Cleanup

Replace conc walk, apron

Regrade parking area - used for clay storage

86-22-28  
STEEL SHEETING LOCATION  
# 14684 KLENK  
8/13/86  
J. DREWS P.C.

14668  
14674  
14684

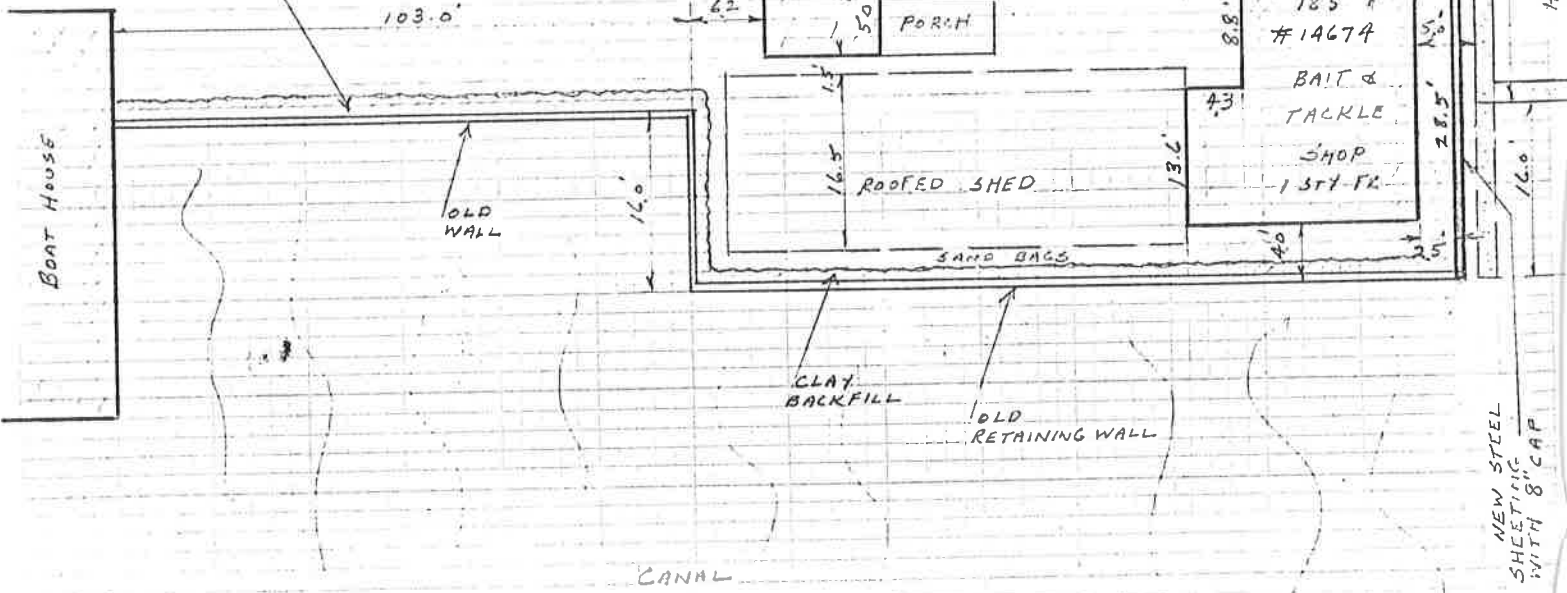
Form 223  
(Rev. 5-79)

KLENK

TOTAL LENGTH OF  
NEW STEEL SHEETING  
WITH 8" CAP  
29.7'

# 14650

1.5' ± ADDED CLAY BACKFILL



NEW STEEL SHEETING WITH 8" CAP



**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. MANPOWER & EQUIPMENT

Length and Type of Work 14060 KLENK

To Accompany Recommendation No. break conc clay backfill Date \_\_\_\_\_

Contractor O'LAUGHLIN CONST CO  
Address \_\_\_\_\_  
\_\_\_\_\_

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>JULY</u> 19____						Amount	Credit Time
Name of Employee	Class of Work					Total Hours	Rate		
<u>AL MATTISON</u>	<u>LABORER</u>	<u>4</u>				<u>4</u>	<u>24.75</u>	<u>198.00</u>	
<u>JERRY CHILDRESS</u>	<u>LABORER</u>	<u>4</u>				<u>4</u>	<u>24.75</u>	<u>198.00</u>	
<u>SUB-TOTAL</u>								<u>396.00</u>	
<u>90 LB BREAKER</u>		<u>2</u>				<u>2</u>	<u>2.31</u>	<u>4.62</u>	
<u>INGERSOLL 375 COMPRESSOR</u>		<u>2</u>				<u>2</u>	<u>31.58</u>	<u>63.16</u>	
<u>SUB-TOTAL</u>								<u>67.78</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								Total	<u>463.78</u>

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 [Signature] District Engineer  
Contractor [Signature]  
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 & EQUIPMENT  
14660 KLENK  
break conc, clay, backfill  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor: O'LAUGHLIN CONST CO.  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PAYROLL AND EQUIPMENT RENTAL		Date—Month of		19			Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work									
				31						
AL MATTISON	LABORER			4			4	24.75	99.00	
JERRY CHILDRESS	LABORER			4			4	24.75	99.00	
CYNTHIA GRIER	OPERATOR			4			4	19.59	78.36	
ROY WASHINGTON	FOREMAN			1			1	26.54	26.54	
				SUB - TOTAL					302.90	
CHEV 3/4 T P/U DIESEL				1			1	8.89	8.89	
				SUB - TOTAL					8.89	
									311.79	
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

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Checked by \_\_\_\_\_ Resident or Project Engineer

Approved by [Signature] Contractor

District Engineer \_\_\_\_\_ Date \_\_\_\_\_



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

Contractor O'LAUGHLIN CONST CO.  
Address \_\_\_\_\_

C. S. ID. - Job No. \_\_\_\_\_  
Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
Fed. No. MANPOWER & LABOR  
Length and Type of Work 14660 KLEUK  
To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

**PAYROLL AND EQUIPMENT RENTAL**

Date—Month of AUGUST 19\_\_\_\_

Name of Employee	Class of Work					Total Hours	Rate	Amount	Credit Time
PAT MCKEON	LABORER				4	14.62	58.48		
CYNTHIA GREER	OPERATOR				4	19.58	78.32		
AL MATTISON	LABORER				4	24.75	99.00		
SUB-TOTAL								235.80	
INGERSOLL 375 COMPRESSOR					3	31.58	94.74		
FORD F150 3/4T P/U GAS					4	13.53	54.12		
BOBCAT 843 LOADER					5	33.81	169.05		
SUB-TOTAL								317.91	
							Total	553.71	

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

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

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

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R. J. [Signature]  
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. \_\_\_\_\_

Contractor O'LAUGHLIN CONST CO.  
 Address \_\_\_\_\_

Length and Type of Work 14660 KLEUK EXC, CLAY TAMP  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

### PAYROLL AND EQUIPMENT RENTAL

Date—Month of AUGUST 1986

Name of Employee	Class of Work	Total Hours	Rate	Amount	Credit Time
<u>AL MATTISON</u>	<u>LABORER</u>	<u>4</u>	<u>24.75</u>	<u>99.00</u>	
<u>PAT MCKEON</u>	<u>LABORER</u>	<u>8</u>	<u>14.62</u>	<u>116.96</u>	
<u>ROY WASHINGTON</u>	<u>FOREMAN</u>	<u>2</u>	<u>26.54</u>	<u>53.08</u>	
<u>DON PULK</u>	<u>LABORER</u>	<u>2</u>	<u>25.93</u>	<u>51.86</u>	
<u>SUB-TOTAL</u>				<u>320.90</u>	
<u>POGO STICK</u>		<u>5</u>	<u>3.00</u>	<u>15.00</u>	
<u>INGERSOLL #75 COMPRESSOR</u>		<u>3</u>	<u>31.58</u>	<u>94.74</u>	
<u>SUB-TOTAL</u>				<u>109.74</u>	

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

Total 430.64

### STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

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*[Signature]*  
 Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer Approved by \_\_\_\_\_ District Engineer Date \_\_\_\_\_



**FORCE ACCOUNT STATEMENT**  
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FILE 10

C. S. ID. - Job No. \_\_\_\_\_

Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_

Fed. No. **14660 KLEUK**

Length and Type of Work **EXC & CLAY BACKFILL**

To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor **O'LAUGHLIN CONST CO**

Address \_\_\_\_\_

**PAYROLL AND EQUIPMENT RENTAL**

Date—Month of **AUGUST** 19\_\_\_\_

Name of Employee	Class of Work	Date—Month of							Total Hours	Rate	Amount	Credit Time	
		5	6	7	8	9	10	11					
<b>AL MATTISON</b>									8	24.75	198.00		
<b>CYNTHIA GREER</b>	<b>OPERATOR</b>								8	19.59	156.72		
<b>DOU PULK</b>	<b>LABORER</b>								4	25.93	103.72		
<b>JERRY CHILDRESS</b>	<b>LABORER</b>								8	24.75	198.00		
<b>SUB-TOTAL</b>											<b>656.44</b>		
<b>INGERSOLL 175</b>	<b>COMPRESSOR</b>								6	15.86	95.16		
<b>BOBCAT 843</b>	<b>LOADER</b>								6	28.31	169.86		
<b>POGO STICK</b>									6	3.00	18.00		
<b>SUB-TOTAL</b>											<b>283.02</b>		
											<b>Total</b>	<b>939.46</b>	

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

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

Date	Purchased from	Item	Amount		Date of Payment
<b>Total</b>					

Attach Original Bills for Materials and Freight

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Checked by \_\_\_\_\_ Resident or Project Engineer  
 Approved by **R. L. Spatz** Contractor  
 District Engineer Date \_\_\_\_\_



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

1101 (7/84)

Contractor O'LAUGHLIN CONST CO.  
Address \_\_\_\_\_  
\_\_\_\_\_

C. S. ID. - Job No. \_\_\_\_\_  
Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
Fed. No. 14660 KLENK  
Length and Type of Work break conc, rec clay backfill  
To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_


PAYROLL AND EQUIPMENT RENTAL			Date--Month of <u>AUGUST</u>				19____		Amount	Credit Time
Name of Employee	Class of Work				Total Hours	Rate				
<u>CYNTHIA GREER</u>	<u>OPERATOR</u>				<u>7</u>					
<u>AL MATTISON</u>	<u>LABORER</u>				<u>5</u>	<u>19.59</u>	<u>97.95</u>			
<u>SAM WASHINGTON</u>	<u>CARPENTER</u>				<u>5</u>	<u>24.75</u>	<u>123.75</u>			
						<u>33.12</u>	<u>165.60</u>			
							<u>387.30</u>			
<u>BOBCAT 843 LOADER</u>					<u>4</u>	<u>28.31</u>	<u>113.24</u>			
<u>INGERSOLL 175 A.C.</u>					<u>4</u>	<u>15.86</u>	<u>63.44</u>			
<u>POGO STICK</u>					<u>4</u>	<u>3.00</u>	<u>12.00</u>			
							<u>188.68</u>			
Total								<u>575.98</u>		

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

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

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

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 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. 14660 KLENK

Length and Type of Work EXC. CLAY BACKFILL

To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN  
Address \_\_\_\_\_

**PAYROLL AND EQUIPMENT RENTAL**

Date—Month of AUGUST 19\_\_\_\_

Name of Employee	Class of Work	Date—Month of				Total Hours	Rate	Amount	Credit Time	
CYNTHIA GREER	OPERATOR		6			8	19.59	156.72		
AL MATTISON	LABORER		8			8	24.75	198.00		
JERRY CHILDRESS	LABORER		8			8	24.75	198.00		
DON PULK	LABORER		2			2	25.93	51.86		
<b>SUB-TOTAL</b>								<b>604.58</b>		
BOBCAT 843 LOADER			6			6	28.31	169.86		
INGERSOLL 175 COMPRESSOR			6			6	15.86	95.16		
POGO STICK			6			6	3.00	18.00		
<b>SUB TOTAL</b>								<b>283.02</b>		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								<b>Total</b>	<b>887.60</b>	

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

Date	Purchased from	Item	Amount	Date of Payment
<b>Total</b>				

Attach Original Bills for Materials and Freight

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Checked by \_\_\_\_\_ Resident or Project Engineer  
 Approved by R. L. Boyer District Engineer  
 Contractor \_\_\_\_\_ Date \_\_\_\_\_



**FORCE ACCOUNT STATEMENT**  
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C. S. ID. - Job No. \_\_\_\_\_  
 Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
 Fed. No. 14660 KLEUK  
 Length and Type of Work Crany  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONST CO.  
 Address \_\_\_\_\_

**PAYROLL AND EQUIPMENT RENTAL**

Date—Month of AUGUST 19\_\_\_\_

Name of Employee	Class of Work	Date	Month	Year	Hours	Rate		Amount	Credit Time	
						Total Hours	Rate			
PAT McKEON	LABORER				15 3.5	3.5	14.62	51.17		
LEO KELLY	OPERATOR				3.5	3.5	29.43	103.00		
SUB TOTAL								154.17		
MFAAC LOADER					3.5	3.5	76.67	268.34		
FORD F700 DUMP TRUCK					3.5	3.5	25.87	90.54		
SUB-TOTAL								358.88		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								Total	513.05	

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

Date	Purchased from	Item	Amount		Date of Payment
Total					

Attach Original Bills for Materials and Freight

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Checked by \_\_\_\_\_ Resident or Project Engineer Approved by [Signature] District Engineer Date \_\_\_\_\_ Contractor



**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. 14660 KLENK

Length and Type of Work CONC FORMS

To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONST CO

Address \_\_\_\_\_

**PAYROLL AND EQUIPMENT RENTAL**

Date—Month of AUGUST 19 \_\_\_\_\_

Name of Employee	Class of Work	Date—Month of						Total Hours	Rate	Amount	Credit Time	
		26										
CYNTHIA GREER	OPERATOR	4						4	19.59	78.36		
ROY WASHINGTON	FOREMAN	4						4	26.54	106.16		
SUB TOTAL										184.52		
CHEV P/U DIESEL		4						4	8.89	35.56		
FORD F700 DUMP TRUCK		2						2	25.87	51.74		
BOBCAT 843 LOADER		2						2	25.31	50.62		
SUB TOTAL										137.92		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	322.44	

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

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

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Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ Contractor \_\_\_\_\_  
 Resident or Project Engineer District Engineer Date \_\_\_\_\_



### 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. 14660 KLENT

Length and Type of Work CONC FORMS

To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONST CO.

Address \_\_\_\_\_

**PAYROLL AND EQUIPMENT RENTAL**

Date—Month of AUGUST 19\_\_\_\_

Name of Employee	Class of Work						Total Hours	Rate	Amount	Credit Time
			<u>27</u>							
<u>AL MATTISON</u>	<u>LABORER</u>		<u>5</u>			<u>5</u>	<u>24.75</u>	<u>123.75</u>		
<u>JERRY CHILDRESS</u>	<u>LABORER</u>		<u>5</u>			<u>5</u>	<u>24.75</u>	<u>123.75</u>		
<u>ROY WASHINGTON</u>	<u>FOREMAN</u>		<u>5</u>			<u>5</u>	<u>26.54</u>	<u>132.70</u>		
<u>SUB TOTAL</u>									<u>380.20</u>	
<u>BOBCAT 943 LOADER</u>			<u>2</u>			<u>2</u>	<u>25.31</u>	<u>50.62</u>		
<u>CHEV P/U DIESEL</u>			<u>5</u>			<u>5</u>	<u>8.89</u>	<u>44.45</u>		
<u>SUB TOTAL</u>									<u>95.07</u>	
Total <u>475.27</u>										

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

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

Date	Purchased from	Item	Amount	Date of Payment
Attach Original Bills for Materials and Freight			<b>Total</b>	

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Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Contractor \_\_\_\_\_ 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. 14660 KLENK  
POUR CONC WALK, APRON  
 Length and Type of Work \_\_\_\_\_

To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONST CO  
 Address \_\_\_\_\_

#### PAYROLL AND EQUIPMENT RENTAL

Date—Month of AUGUST 19\_\_\_\_\_

Name of Employee	Class of Work	Date	Month	Day	Rate	Total Hours	Rate	Amount	Credit Time
<u>AL MATTISON</u>				<u>28</u>					
				<u>2</u>		<u>2</u>	<u>24.75</u>	<u>49.50</u>	
<u>JERRY CHILDRESS</u>				<u>2</u>		<u>2</u>	<u>24.75</u>	<u>49.50</u>	
<u>ROY WASHINGTON</u>				<u>2</u>		<u>2</u>	<u>26.54</u>	<u>53.08</u>	
<u>CYNTHIA GREEK</u>				<u>2</u>		<u>2</u>	<u>19.59</u>	<u>39.18</u>	
<u>L AVERN LENTZ</u>				<u>2</u>		<u>2</u>	<u>30.88</u>	<u>61.76</u>	
				<u>SUB TOTAL</u>				<u>253.02</u>	
<u>CHEV P/U DIESEL</u>				<u>2</u>		<u>2</u>	<u>8.89</u>	<u>17.78</u>	
				<u>SUB TOTAL</u>				<u>17.78</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								<b>Total</b>	<u>270.80</u>

#### STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Total					

Attach Original Bills for Materials and Freight

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Checked by \_\_\_\_\_ Resident or Project Engineer  
 Approved by \_\_\_\_\_ District Engineer  
 Contractor \_\_\_\_\_ Date \_\_\_\_\_



1101 (7/84)

### FORCE ACCOUNT STATEMENT

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

FILE 104

Contractor O' LAUGHLIN CONST CO.  
Address \_\_\_\_\_

C. S. ID. - Job No. \_\_\_\_\_

Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_

Fed. No. 14660 KLEUK

Length and Type of Work STRIP FORMS

To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

#### PAYROLL AND EQUIPMENT RENTAL

Date—Month of SEPT 19\_\_\_\_

Name of Employee	Class of Work	Date—Month of						Total Hours	Rate	Amount	Credit Time
<u>ARVIL WRIGHT</u>	<u>LABORER</u>	<u>2</u>						<u>2</u>	<u>24.75</u>	<u>49.50</u>	
<u>CYNTHIA GREER</u>	<u>OPERATOR</u>	<u>2</u>						<u>2</u>	<u>19.59</u>	<u>39.18</u>	
<u>SUB TOTAL</u>										<u>88.68</u>	
<u>FORD P/U GAS</u>		<u>2</u>						<u>2</u>	<u>13.53</u>	<u>27.06</u>	
<u>SUB TOTAL</u>										<u>27.06</u>	
<b>Total</b>									<u>115.74</u>		

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

#### STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment
<b>Total</b>				

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 \_\_\_\_\_

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Contractor \_\_\_\_\_ Date \_\_\_\_\_