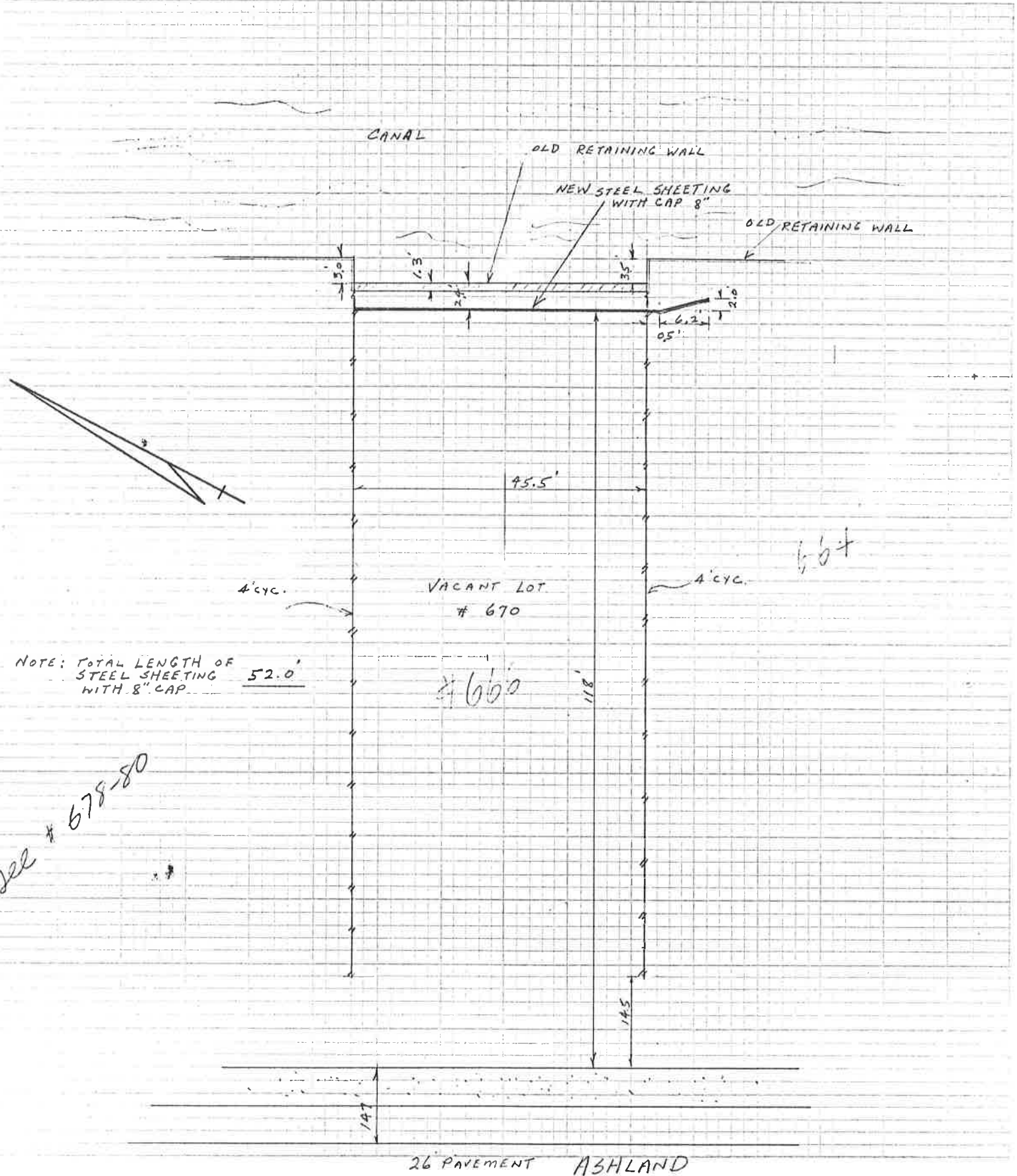


STEEL SHEETING LOCATION  
 # 670 ASHLAND  
 4/25/86  
 J. DREWS P.C.

666

Job Number \_\_\_\_\_ Page \_\_\_\_\_



NOTE: TOTAL LENGTH OF STEEL SHEETING WITH 8" CAP 52.0'

See # 678-80

26 PAVEMENT ASHLAND

# Top Creek Flood Control 1986

1986

664 ASHLAND

MANPOWER

EQUIPMENT

MAT'L

6-23

501 68

223 84

24

166 04

33 83

25

335 64

144 58

May 27 thru Aug 1

100336

402 25

Site width 45 feet

Sheet piling 7 feet (extended from north)



**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 664 ASHLAND  
 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>JUNE</u> 19 <u>86</u>							Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work											
PATRICK M'GUE	SUPERINTENDENT	2.0						2.0	35.00	70.00		
GORDON PENNER	FOREMAN	6.5						6.5	23.55	153.08		
DON PULK	LABORER	6.5						6.5	21.43	139.30		
ARVIL WRIGHT	LABORER	6.5						6.5	21.43	139.30		
SUB-TOTAL										501.68		
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 \_\_\_\_\_ 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.*

C. S. ID. - Job No. \_\_\_\_\_  
 Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
 Fed. No. \_\_\_\_\_  
 Length and Type of Work EQUIPMENT FOR 664 ASHLAND  
 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>JUNE</u> 19 <u>86</u>						Amount	Credit Time
Name of Employee	Class of Work	Total Hours	Rate						
GMC 3/4 TON DIESEL PICKUP		2.0					17.78		
FORD 3/4 TON GASOLINE PICKUP		6.5					87.95		
INGERSOLL 175 COMPRESSOR		6.5					103.09		
90 POUND BREAKER		6.5					15.02		
SUB-TOTAL							223.84		
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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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. \_\_\_\_\_

Length and Type of Work MANPOWER FOR 664 ASHLAND

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

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

#### PAYROLL AND EQUIPMENT RENTAL

Date—Month of JUNE 1986

Name of Employee	Class of Work	24							Total Hours	Rate	Amount	Credit Time
<u>GORDON PENNER</u>	<u>FOREMAN</u>	<u>2.5</u>							<u>2.5</u>	<u>23.55</u>	<u>58.88</u>	
<u>DON PULK</u>	<u>LABORER</u>	<u>2.5</u>							<u>2.5</u>	<u>21.43</u>	<u>53.58</u>	
<u>ARVIL WRIGHT</u>	<u>LABORER</u>	<u>2.5</u>							<u>2.5</u>	<u>21.43</u>	<u>53.58</u>	
<u>SUB-TOTAL</u>											<u>166.04</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.											<b>Total</b>	

#### STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

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

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 \_\_\_\_\_



1101 (7/84)

**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 664 ASHLAND

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

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

**PAYROLL AND EQUIPMENT RENTAL**

Date—Month of JUNE 1986

Name of Employee	Class of Work	Date					Total Hours	Rate	Amount	Credit Time
FORD 3/4 TON GASOLINE PICKUP		24					2.5	13.53	33.83	
		25								
SUB-TOTAL									33.83	

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

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Checked by \_\_\_\_\_ Resident or Project Engineer  
 Approved by \_\_\_\_\_ District Engineer  
 Contractor \_\_\_\_\_ 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 664 ASHLAND  
 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>JUNE</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
PATRICK M'CUE	SUPERINTENDENT		25				2.0	35.00	70.00		
GORDON PENNER	FOREMAN		4.0				4.0	23.55	94.20		
DON PULK	LABORER		4.0				4.0	21.43	85.72		
ARVIL WRIGHT	LABORER		4.0				4.0	21.43	85.72		
							<b>SUB-TOTAL</b>		<b>335.64</b>		
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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Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Contractor \_\_\_\_\_ 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 EQUIPMENT FOR  
GG4 ASHLAND

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

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD

NOVI, MICHIGAN 48050

#### PAYROLL AND EQUIPMENT RENTAL

Date—Month of JUNE 1986

Name of Employee	Class of Work	Date—Month of					Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL PICKUP							2.0	8.89	17.78	
FORD 3/4 TON GASOLINE PICKUP							4.0	13.53	54.12	
INGERSOLL 175 COMPRESSOR							4.0	15.86	63.44	
90 POUND BREAKER							4.0	2.31	9.24	
SUB-TOTAL									144.58	
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

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

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