

MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

Part 2 Statement of Compliance

REPORT NUMBER 1	STATE PROJECT NAME AND LOCATION Superior Wi	DATE 9/28/2023
CONTACTING AUTHORITY	PROJECT C Reiss Dock	GENERAL CONTRACTOR Northland Constructors
CONTRACTOR/SUBCONTRACTOR Dairyland Fence Co., Inc.	PHONE NUMBER 715-372-5644	CONTRACT PURCHASE ORDER NUMBER
ADDRESS PO Box 7	CITY/STATE Iron River, WI	ZIP 54847
TYPE OF WORK Fencing		

(Complete as described on solicitation documents.)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, Kathryn T. Burhans Corporate Secretary do hereby state:
 (Name of signatory party) (Title-Owner or Officer)

(1) That I pay or supervise the payment of the persons employed by Dairyland Fence Co., Inc. on said Contract; that during the payroll period commencing on the 18 day of September of the year 2023, and ending the 22 day of September of the year 2023, there were 5 employees performing work on said Contract. That all persons performing work under said Contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said Contract, that no rebates and or deductions have or will be made either directly or indirectly to or on behalf of said Dairyland Fence Co., Inc. (Contractor or Subcontractor) from the full wages earned by any person, other than permissible deductions as defined in Minnesota Statutes 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and Industry and described below:

DESCRIBE LEGAL DEDUCTIONS

(2) That the payroll submitted under said Contract is complete and accurate; that the wage rate(s) of the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid according to the wage determination(s) and labor provisions incorporated in said Contract and according to applicable laws; that wages paid to laborer(s) mechanic(s), and worker(s) performing work under said Contract is at least the prevailing wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid for all hours in excess of the prevailing hours at a rate of at least one and one-half times the applicable base rate of pay.

(3) That any apprentices employed during said payroll period are duly registered in a bona fide apprenticeship program registered with the Minnesota Department of Labor and Industry, or are registered with the Bureau of Apprenticeship and Training; United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO ANY APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators as set forth in paragraph 4(e) for the benefit of said employees, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL EMPLOYEES

Each laborer, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract.

NOTE- FRINGE BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK ARE ON NEXT PAGE

(c) EXCEPTIONS

EMPLOYEE NAME	CLASSIFICATION/OCCUPATION	EXPLANATION


(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR
(Must be completed if 4(a) is checked.)

PROGRAM TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL EMPLOYEES	HEALTH/WELFARE	VACATION/HOLIDAY	APPRENTICESHIP TRAINING	PENSION	OTHER INCLUDE TITLE
Laborers Local 1091	\$ 9.70	\$ 3.10	\$.35	\$ 9.20	\$.30 Lecet/Safety
Operators Local 139	\$ 10.41	\$	\$ 1.29	\$ 13.44	\$ 1.26 misc,
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked.)

NAME & ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
Wisconsin Laborers' Fringe Benefit Funds	WL181	Fund Office	608-842-9102
International Union of Operating Engineers	18959	Remittance Department	262-549-9190

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law.

NAME AND TITLE OF OWNER OR OFFICER Kathryn T. Burhans, Corporate Secretary	SIGNATURE 
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As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge.

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Labor and Industry, 443 Lafayette Road N., St. Paul, MN 55155, Phone: (651) 284-5091 or 1-800-DIAL-DLI (1-800-342-5354), TTY: (651) 297-4198.

Molly Musolf, Project Administrator



10/6/23

U.S. Department of Labor

Wage and Hour Division

PAYROLL

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

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



U.S. Wage and Hour Division

Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No.:1235-0008	
Dairyland Fence Co., Inc		PO Box 7 Iron River, WI 54847		Expires: 07/31/2024	
PAYROLL NO. 1	FOR WEEK ENDING 09/23/2023	PROJECT AND LOCATION C. Reiss Dock		PROJECT OR CONTRACT NO. 23-17-PL	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				Su	M	Tu	W	Th	F	Sa				FICA	WITH-HOLDING TAX	WI withhold	Union Dues	OTHER		TOTAL DEDUCTIONS
				17	18	19	20	21	22	23										
				HOURS WORKED EACH DAY																
Lahti 6716	0	Foreman	o		2.00	2.00	2.00	2.00			8.00	\$59.13	\$1,734.48	\$132.68	\$269.00	\$86.01		\$487.69	\$1,246.79	
			s		8.00	8.00	8.00	8.00			32.00	39.42								
Scharp 8761	0	Laborer	o				2.00	1.50			3.50	\$54.63	\$773.93	\$59.21	\$77.00	\$31.02		\$167.23	\$606.70	
			s			8.00	8.00			16.00	36.42									
Scharp 8761	0	Foreman	o						1.50		1.50	\$59.13	\$404.06	\$30.91	\$70.00	\$23.99		\$124.90	\$279.15	
			s					8.00		8.00	39.42									
Nabor 0095	3	Operator	o		2.00	2.00	3.50	3.50	2.00		13.00	\$65.96	\$2,616.28	\$200.14	\$278.00	\$131.53	\$41.89	\$651.56	\$1,964.72	
			s		8.00	8.00	8.00	8.00	8.00		40.00	43.97								
Carl 1777	0	Laborer	o					1.00			1.00	\$54.63	\$345.99	\$26.47	\$8.00	\$7.70		\$42.17	\$303.82	
			s					8.00		8.00	36.42									
			o																	
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210