

U.S. Department of Labor
Wage and Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

Unless otherwise noted, the information requested is specific to the named project below.

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Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME											
PROJECT LOCATION		WAGE DETERMINATION NO. <td colspan="2">WEEK ENDING DATE <td colspan="2">PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS </td></td>		WEEK ENDING DATE <td colspan="2">PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS </td>		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS											
East 54th St. Superior WI				June 8, 2025		Solon Springs Concrete LLC 10523 S. Hever Road, Solon Springs, WI 54873											
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYSWORKER (RA) REGISTERED APPRENTICE	(3) LABOR CLASSIFICATION	(5) TOTAL HOURS WORKED FOR WEEK	(6A) HOURLY WAGE RATE PAID FOR ST AND OT	(6B) TOTAL FRINGE BENEFIT CREDIT	(6C) PAYMENT IN LIEU OF FRINGE BENEFITS	(7A) GROSS AMT EARNED	(7B) GROSS AMT EARNED FOR ALL WORK	(8) DEDUCTIONS FOR ALL WORK				(9) NET PAY TO WORKER FOR ALL WORK
													TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
					ST = STRAIGHT TIME OT = OVERTIME		WORKED FOR WEEK (BOTTOM) DATES	HOURS WORKED EACH DAY									

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210 (over)

PROJECT NAME: PROJECT NO. or CONTRACT NO. PAYROLL NO. PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME

PROJECT LOCATION: WEEK ENDING DATE CERTIFYING OFFICIAL'S NAME AND TITLE

East 6th St. Superior, WI June 8, 2025 10523 S. Heyer Road, Solon Springs, WI 54873

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OEA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME			FB NAME			FB NAME			FB NAME			TOTAL HOURLY CREDIT
	FB TYPE	FB TYPE	PLAN NO.	FB TYPE	FB TYPE	PLAN NO.	FB TYPE	FB TYPE	PLAN NO.	FB TYPE	FB TYPE	PLAN NO.	
	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded		
	Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		\$
	Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		\$
	Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		\$
	Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		\$
	Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		\$
	Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		\$
	Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		\$
	Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		\$
	Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		Hourly Credit	\$		\$

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL: DATE: TELEPHONE NUMBER: EMAIL ADDRESS:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.



U.S. Department of Labor **Davis-Bacon and Related Acts Weekly Certified Payroll Form**
 Wage and Hour Division **(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)**

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Rev. January 2025
 OMB No.: 1235-0008
 Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM PRIME CONTRACTOR SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																
East 5th St. Superior WI				June 15, 2025		Solon Spring Concrete LLC 10523 S. Hoyer Road, Solon Springs, WI 54873																
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(1) JOURNEYWORKER (RA) REGISTERED APPRENTICE	(2)	(3)	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(4)		(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)				(9)
										(TOP) DAYS OF WORK WEEK (BOTTOM) DATES								TOTAL HOURS WORKED FOR WEEK	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	TAX WITH- HOLDINGS	
HOURS WORKED EACH DAY		GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	NET PAY TO WORKER FOR ALL WORK														

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records for transmittal to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers have received legally required wages and fringe benefits.

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PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
			Solan Springs Concrete LLC							
PROJECT LOCATION	WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
East 5th St. Superior, WI	June 15, 2025		10523 S Hever Rd. Solan Springs, WI 54873							
<input checked="" type="checkbox"/> I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following: The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract. <input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor. <input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed. <input type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.										
APPRENTICESHIP PROGRAM NAME		NAME OF LABOR CLASSIFICATION								
REGISTERED		REGISTERED								
<input type="checkbox"/> OA <input type="checkbox"/> SAA		<input type="checkbox"/> OA <input type="checkbox"/> SAA								
<input type="checkbox"/> OA <input type="checkbox"/> SAA		<input type="checkbox"/> OA <input type="checkbox"/> SAA								
<input type="checkbox"/> OA <input type="checkbox"/> SAA		<input type="checkbox"/> OA <input type="checkbox"/> SAA								
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.										
HOURLY CREDIT FOR FRINGE BENEFITS										
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.										
NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT	
	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	FB TYPE	PLAN NO.	Hourly Credit	Hourly Credit
	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.										
ADDITIONAL REMARKS										
SIGNATURE OF CERTIFYING OFFICIAL		TELEPHONE NUMBER	EMAIL ADDRESS							
Michelle M. Naggers		(218) 348-8272	michellerofters13bc@gmail.com							
DATE		07-03-2025								

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

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PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME												
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS												
East 5th St, Superior, WI				June 15, 2025		Solon Springs Concrete LLC 10523 S. Heyer Road, Solon Springs, WI 54873												
(1A) WORKER ENTRY NO.	(1B) WORKER LAST NAME	(1C) WORKER FIRST NAME	(1D) WORKER MIDDLE INITIAL	(1E) WORKER IDENTIFYING NO.	(2) (J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	(3) LABOR CLASSIFICATION	(4) (TOP) DAYS OF WORK WEEK (BOTTOM) DATES HOURS WORKED EACH DAY	(5) TOTAL HOURS WORKED FOR WEEK	(6A) HOURLY WAGE RATE	(6B) TOTAL FRINGE BENEFIT CREDIT	(6C) PAYMENT IN LIEU OF FRINGE BENEFITS	(7A) GROSS AMT EARNED	(7B) GROSS AMT EARNED FOR ALL WORK	(8) DEDUCTIONS FOR ALL WORK				(9) NET PAY TO WORKER FOR ALL WORK
														TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
	Anderson Thurston	W			J	Truck Driver	4 TWRFSS 9 10 11 12 13 14 15 5.55	1.05	37.72	24.34	3.07	68.39	26,251.0	1911.4	10.00	100.84	2,103.19	2324.86
	Loughren Eugene	R			J	Truck driver	.37 .23	1.37 .23	37.72 66.58	24.34 24.34	3.07 3.07	24.0 19.82	1025.70 604.32	103.14 101.4	103.14 101.4	1100.84 1100.84	2324.86 2324.86	

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