

# VILLAGE OF ALLOUEZ

Allouez Village Hall • 1900 Libal Street • Green Bay, Wisconsin 54301-2453  
Phone No.: (920) 448-2800 • Fax No.: (920) 448-2850

## Department of Public Works

FINAL ACCEPTANCE AND CLOSEOUT OF WATER MAIN PROJECT AL-2015-01  
WDNR Project No. 5325-03


The Water Main Project is complete and ready for final acceptance. All work is complete and all punchlist items are completed.

Final inspection has been made by the WDNR field engineer.

The following forms must be signed and turned in to the WDNR complete the project paperwork and receive final reimbursement payment. The Allouez Public Works Director confirms that the project is completed.

The Village Board is requested to approve the project as completed and authorize the Village President to sign the completion certificate.

The Public Works Director will sign the wage rate certifications and submit the final documents to the WDNR.

C. Berndt   
March 1, 2017

**State of Wisconsin**  
**DEPARTMENT OF NATURAL RESOURCES**  
101 S. Webster Street  
Box 7921  
Madison WI 53707-7921

Scott Walker, Governor  
Cathy Stepp, Secretary  
Telephone 608-266-2621  
FAX 608-267-3579  
TTY Access via relay - 711



October 14, 2016

CRAIG BERNDT, DPW  
VILLAGE OF ALLOUEZ  
1900 LIBAL STREET  
GREEN BAY, WI 54301-2453

**SUBJECT: Safe Drinking Water Loan Program Project No. 5325-03**  
**Request for Disbursement No. 7**

Dear Mr. Berndt:

Be advised that per Request for Disbursement No. 7, the Village of Allouez has expended \$1,711,540.40 (80.46%) of the \$2,127,307.00 Safe Drinking Water Loan Program (SDWLP) financial assistance. The Department of Natural Resources will make payments up to 95% (\$2,020,941.65). The remaining 5% (\$106,365.35) will be withheld until closeout procedures, as outlined in s. NR 166.17(4), Wis. Adm. Code, and/or amendment procedures have been completed.

The following requirements must be met before the final disbursement can be made and the loan closed out:

1. Final inspection by the Construction Management Engineer. Contact Robert Hannes at 920-366-4208 to complete the final inspection.
2. Verify with the Construction Management Engineer that all change orders have been received and approved.
3. Complete and return the enclosed:
  - Project Acceptance Certification (Form 8700-280).
  - DBE Contract Actual Utilization document (Exhibit E of the Financial Assistance Agreement).
  - Wage Rate Compliance Certification on municipal letterhead (Exhibit G of the Financial Assistance Agreement).
4. Provide updated wire transfer instructions for the final loan disbursement.

Keep in mind the following IRS Regulation applies to project expenditures. IRS Regulation 1.148-6(d)(1)(iii) states in part, "An issuer must account for the allocation of proceeds to expenditures not later than 18 months after the later of the date the expenditure is paid or the date the project, if any, that is financed by the issue is placed in service".

When the closeout procedures are completed, the final loan disbursement will be made. If you have questions regarding the closeout procedures, contact me at 608-264-8844 or [kimberly.leizinger@wisconsin.gov](mailto:kimberly.leizinger@wisconsin.gov).

Sincerely,

Kim Leizinger, Financial Assistance Specialist  
Environmental Loans Section  
Bureau of Community Financial Assistance

For additional forms and information, visit our web site at <http://dnr.wi.gov/Aid/BIF.html>.

State of Wisconsin  
 Department of Natural Resources  
 Bureau of Community Financial Assistance  
 101 S. Webster St., P O Box 7921  
 Madison WI 53707-7921  
 Phone (608) 266-7555  
 Fax (608) 267-0496

**Environmental Improvement Fund (EIF)  
 Project Acceptance Certification**

Form 8700-280 (R 1/11)

**Notice:** This form is authorized by ss. 281.58 and 281.61, Wis. Stats. Submittal to the Department of a completed form is mandatory for all recipients of EIF loans. A separate form is required for each prime contractor. Failure to submit a completed form shall result in the denial of final disbursement of loan funds.

Personally identifiable information provided on this form will be used to determine compliance with closeout procedures as outlined in the Financial Assistance Agreement and may be made available upon request under Wisconsin's Open Records laws (ss. 19.32-19.39, Wis. Stats.) and requirements.

**Project Information**

Municipality Name

Village of Allouez

Prime Contractor

David Tenor Corporation

Contract Number

AL-2015-01

Upon final inspection and approval of all change order(s), all work performed by the awarded contractor(s) and subcontractor(s) (if any) has been constructed according to the plans and specifications approved by the Department of Natural Resources (DNR).

DNR Plan and Specification Approval Number

W-2014-0399

Date Approved

June 25, 2014

Project Description

This project includes replacement of aged cast iron water mains that tend to develop localized exterior corrosion resulting in pitting, surface cracking, and blow-holes through the pipe walls. The Municipality has experienced significant water loss due to the condition of the older cast iron mains. Cast iron mains will be replaced with PVC pipes in various locations throughout the Village.

**Engineer Certification**

On behalf of the engineering consulting firm contracted by the above named municipality, I hereby \_\_\_\_\_ to the best of my knowledge that the above mentioned project has been constructed and inspected to conform to the referenced specifications.

Name of Engineer

Brad D. Werner

Name of Engineering Firm

McMAHON

Signature of Engineer



Date Signed

11-14-16

**Municipal Certification**

The above named municipality has accepted at its regular meeting of officials the above mentioned project from the contractor and engineer.

Name of Authorized Representative

Craig L. Berndt

Title

Director of Public Works

Signature of Authorized Representative

Date Signed





Professional/Technical Services Contracts	DBE Type	Type of Product or Service	Contract Estimate \$	Actual Amount Paid to MBE/WBE Firm
Prime: McMahon Group	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	Engineering	\$90,000	Municipality Completes at Project Closeout - 0 -
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other			
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other			
Prime:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other <input type="checkbox"/> N/A			
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other			
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other			
Prime:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other <input type="checkbox"/> N/A			
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other			
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other			
Total MBE \$ 0				
Total WBE \$ 0				

\*Type of Product or Service examples: landscaping, trucking, supplies, equipment, paving, concrete, plumbing, electrical, excavating, testing, design, etc.

Name of Person Completing This Form <i>Amy J. Vaclavik</i>	Email Address <i>avaclavik@mcgrp.com</i>	Phone Number <i>920-751-4200</i>
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Certification	
I certify that, to the best of my knowledge and belief, the information provided on this form is complete and correct.	
Name/Title of Municipal Official <i>Craig L. Bergatt Director of Public Works</i>	Signature Date Signed



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[www.villageofallouez.com](http://www.villageofallouez.com)

WAGE RATE COMPLIANCE CERTIFICATION

The undersigned officials of the Village of Allouez (the "Municipality") hereby certify that, for all expenditures made for construction of DNR Project No. 5325-03 (the "Project"), the Municipality has met the prevailing wage rate requirements of the Davis-Bacon Act.

The above certification is determined, after due and diligent investigation, to be true and accurate to the best of my knowledge.

By: \_\_\_\_\_  
[Name of Highest Elected Official]

Dated as of: \_\_\_\_\_

Attest: \_\_\_\_\_  
[Name of Clerk or Secretary]

Dated as of: \_\_\_\_\_