



BENSENVILLE

12 South Center Street

Bensenville, IL 60106

Office 630.260.3404

Fax 630.260.3408

[www.bensenville.il.us](http://www.bensenville.il.us)

VILLAGE BOARD

May 31, 2017

President  
Frank J. Bensenville

Board of Trustees  
Patsy Camarena  
Amy Frazee  
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Melissa Lomax  
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Village Clerk  
Kathy K. Kammann

Village Manager  
Lynda K. Kammann

Mr. Michael Lingl

Indiana-Illinois-Iowa Foundation for Fair Contracting  
6170 Joliet Road, Suite 200  
Countryside, Illinois 60525

Re: May 24, 2017 FOIA Request

Dear Mr. Lingl:

I am pleased to help you with your May 24, 2017 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on May 24, 2017. You requested copies of the items indicated below:

*"A copy of certified payroll records after June 1, 2016 for Insituform Technologies 2016 Sanitary Sewer Lining Program project bid of \$153,799.80 on 4/6/2016."*

After a search of Village files, the following documents are enclosed to fulfill your request:

- 1) Insituform Technologies USA, LLC Certified Payroll Records for the Village of Bensenville 2016 Sanitary Sewer Lining Program Project. (68 pgs.)

These are all of the documents that can be discovered responsive to your request.

Section 7(1)(b) of FOIA provided that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5ILCS 140/2(c-5). Consequently, certain unique identifiers have been redacted from the records being provided.

Pursuant to Section 9 of the FOIA, 5 ILCS 140/9, I am required to advise you that I, the undersigned Freedom of Information Officer, reviewed and made the foregoing determination to deny a portion of your FOIA Request as indicated. Should you believe that this Response constitutes an improper denial of your request, you may appeal such by filing a request for review within sixty (60) days of the date of this letter with the Public Access Counselor of the Illinois Attorney General's Office, Public Access Bureau, 500 South Second Street, Springfield, Illinois 62706; telephone 1-887-299-FOIA; e-mail: [publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us). You may also have a right of judicial review of the denial under Section 11 of FOIA, 5 ILCS 140/11.

Do not hesitate to contact me if you have any questions or concerns in connection with this response.

Very truly yours,

  
Corey Williamson  
Freedom of Information Officer  
Village of Bensenville

## STATEMENT OF COMPLIANCE

121 5

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER	2. PAYROLL PAYMENT DATE (YYMMDD)	3. CONTRACT NUMBER	4. DATE (YYMMDD)
1 - Initial	16/07/29		16/07/29

I, Sarah Grus (Name of signatory party), Payroll Specialist (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC (Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 17th day of July, 2016, and ending the 23rd day of July, 2016, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS**  
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**  
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

## (C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

## 5. REMARKS

6. NAME (Last, First, Middle Initial)	7. TITLE	8. SIGNATURE
Grus, Sarah	Payroll Specialist	

*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 231 of Title 31 of the United States Code.*

R07371

Aegion Corporation

7/27/2016 14:53:07

Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478'x8" CIPP  
IL

Pay Period Ending Date 7/23/2016

Period Number 5

St	SMS	SDep	FMS	FDep	Sex	EEO	Union.....	Craft.....	Step.....	.....Check Detail.....
Social Security No		Ethnic Cat					.....Regular.....	.....Overtime.....	Other	

Name/Address	Work Date	Hours	Rate	Hours	Rate	Hours	Total Hours	Job Amount	Description	Amount
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MO	S	S	M	008	150	IL-Operators Local #	OPRONDoperator	default		
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Ryan W Alston	TH	7/21/2016	8.00	44.700	1.00	67.050	9.00	424.55	Payment Number: 04924314
	FR	7/22/2016	8.00	44.700			8.00	357.60	Gross Pay 1,601.05
			16.00		1.00		17.00	782.25	IL Department 60.04
United States									FED W/H Tax 308.12
									FICA W/H 99.26
									Medicare W/H 23.21
									Vac/Dues\$- 58.90
									PAC DUES 1.55
									Working Due % 46.26
									Total Deduct 597.34
									Net Pay 1,003.71
									Hrs This Chk 31.00

Subtotal for Payment Number: 04924314	16.00	1.00		17.00	782.25
Ryan W Alston	16.00	1.00		17.00	782.25

MO	M	M	2	M	008	68	IL-Laborers Local 68	LAB	Laborer	default
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William J Brueggert	TH	7/21/2016	8.00	40.200	1.50	60.300	9.50	412.05	Payment Number: 04924315
	FR	7/22/2016	8.00	40.200	.50	60.300	8.50	351.75	Gross Pay 2,080.35
			16.00		2.00		18.00	763.80	IL Department 74.88
United States									FED W/H Tax 277.40
									FICA W/H 128.98
									Medicare W/H 30.15
									Dues % 78.01
									Total Deduct 589.43
									Net Pay 1,490.92
									Hrs This Chk 47.50

Subtotal for Payment Number: 04924315	16.00	2.00		18.00	763.80
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Certified Payroll Register

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INSTITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005Project and Location 121645  
BENSENVILLE, IL 2016  
6478x8" CIPP  
RFB No. 2016-103 SS LINING  
IL

Pay Period Ending Date

7/23/2016

Period Number

5

St	SMS	SDep	FMS	FDep	Sex	EEO	Union.....	Craft.....	Step.....	.....	Check Detail .....		
Social Security No	Ethnic Cat	Regular.....								Overtime .....	Other	Total	Job
Name/Address	Work Date	Hours	Rate	Hours	Rate	Hours	Job	Amount	Description	Amount			
	William J Brueggert	16.00		2.00				18.00		763.80			

MO	M	2	M	008	68	IL-Laborers Local 68	LAB	ONE	LABORER	default	
[REDACTED]											
Brandon Phillip Burnett											Payment Number: 04924316
TH 7/21/2016 8.00 39.200 3.00 58.800 11.00 490.00											Gross Pay 1,117.20
[REDACTED] 8.00 3.00 11.00 490.00											IL Department 38.76
[REDACTED]											FED W/H Tax 90.03
[REDACTED]											FICA W/H 69.27
[REDACTED]											Medicare W/H 16.20
[REDACTED]											Chd. Sup. \$ 155.00
[REDACTED]											Dues % 41.90
[REDACTED]											Total Deduct 411.16
[REDACTED]											Net Pay 706.04
[REDACTED]											Hrs This Chk 24.00
Subtotal for Payment Number: 04924316 8.00 3.00 11.00 490.00											
Brandon Phillip Burnett 8.00 3.00 11.00 490.00											

MO	M	2	M	008	68	IL-Laborers Local 68	LAB	ONE	LABORER	default	
[REDACTED]											
James R Cerven											Payment Number: 04924318
TH 7/21/2016 8.00 40.200 3.50 60.300 11.50 532.65											Gross Pay 2,241.15
FR 7/22/2016 8.00 40.200 1.00 60.300 9.00 381.90											IL Department 64.04
[REDACTED] 16.00 4.50 20.50 914.55											FED W/H Tax 356.54
[REDACTED]											FICA W/H 138.95
[REDACTED]											Medicare W/H 32.50
[REDACTED]											Dues % 84.04
[REDACTED]											Total Deduct 696.07
[REDACTED]											Net Pay 1,545.08

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## Certified Payroll Register

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Pay Period Ending Date 7/23/2016

Period Number

5

INSTITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005Project and Location 121845  
BENSENVILLE, IL 2016  
6478XB CIPP  
RFB No. 2016-103 SS LINING  
IL

St	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Social Security No										Regular .....	Overtime .....	Other .....	Total .....	Job .....		Check Detail .....			
Name/Address										Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount		
															Hrs This Chk		50.50		

Subtotal for Payment Number:04924318	16.00	4.50		20.50	914.55
James R Cerven	16.00	4.50		20.50	914.55

MO	M	M	008	.68	IL-Laborers Local 68	LAB	Laborer	default										
Brandon M Dobe					TH 7/21/2016	8.00	40.900	3.50	61.350		11.50	541.93			Payment Number: 04924320			
					FR 7/22/2016	8.00	40.900	1.00	61.350		9.00	388.55	Gross Pay	2,269.96				
					Laborer	16.00		4.50			20.50	930.48	IL Department	85.12				
United States													FED W/H Tax	363.74				
													FICA W/H	140.73				
													Medicare W/H	32.91				
													Dues %	85.12				
													Total Deduct	707.62				
													Net Pay	1,562.34				
													Hrs This Chk	50.00				

Subtotal for Payment Number:04924320	16.00	4.50		20.50	930.48
Brandon M Dobe	16.00	4.50		20.50	930.48

MO	M	M	008	2	IL-Chicago Laborers	FRM	Foreman	default										
Roger K Moloney					TH 7/21/2016	8.00	41.650	2.50	62.475		10.50	489.39			Payment Number: 00122667			
					FR 7/22/2016	8.00	41.650	1.00	62.475		9.00	395.68	Gross Pay	2,259.54				
					Foreman	16.00		3.50			19.50	885.07	IL Department	118.33				
United States													FED W/H Tax	587.19				
													FICA W/H	195.63				
													Medicare W/H	45.75				

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Aegion Corporation

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## Certified Payroll Register

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 Pay Period Ending Date 7/23/2016  
 Period Number 5

INSTITUFORM TECHNOLOGIES INC  
 17988 EDISON AVE  
 CHESTERFIELD MO 63005

Project and Location 121645  
 BENSENVILLE, IL 2016  
 6478 xB CIPP  
 RFB No. 2016-103 SS LINING  
 IL

St	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	Check Detail .....	
Social Security No							..... Regular .....	Overtime .....	Other .....	Job .....	
Name/Address							Work Date	Hours	Rate	Description	Amount
										Dues %	84.73
										Total Deduct	1,031.63
										Net Pay	1,227.91
										Hrs This Chk	49.50

Subtotal for Payment Number: 00122667	16.00	3.50	19.50	885.07
Roger K Moloney	16.00	3.50	19.50	885.07

BENSENVILLE, IL 2016	86.00	18.50	106.50	4,766.15
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## STATEMENT OF COMPLIANCE

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For  
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Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 2	2. PAYROLL PAYMENT DATE (YYMMDD) 16/08/05	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/08/05
------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus do hereby state  
 (Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
 (Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 24th day of  
 July, 2016, and ending the 30th day of July, 2016, all persons employed  
 on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on  
 behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
 (Contractor or subcontractor) and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible  
 deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended  
 (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

## Federal, FICA, State and Local Taxes

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

## (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

## (C) EXCEPTIONS

## EXCEPTION (Craft)

## EXPLANATION


## 5. REMARKS

6. NAME (Last, First, Middle Initial) 7. TITLE 8. SIGNATURE

Grus, Sarah

Payroll Specialist



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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

8/3/2016 8:23:12

## Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CIIPP  
IL

Pay Period Ending Date 7/30/2016

Period Number 1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	Check Detail .....				
Social Security No		Ethnic Cat					Regular .....	Overtime .....	Other .....	Total Hours	Job Amount	..... Description .....		
Name/Address		Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	..... Description .....				
MO	S	M	008	150	IL-Operators Local #	OPROND	Operator		default					
United States	Ryan W Alston			MO	7/25/2016	8.00	44.700		8.00	357.60	Payment Number: 04925613			
				TU	7/26/2016	8.00	44.700		8.00	357.60	Gross Pay	1,904.90		
				WE	7/27/2016			3.00	67.050	3.00	201.15	IL Department	71.43	
				WE	7/27/2016	8.00	44.700		8.00	357.60	FED W/H Tax	387.35		
				TH	7/28/2016			3.00	67.050	3.00	201.15	FICA W/H	118.11	
				TH	7/28/2016	8.00	44.700		8.00	357.60	Medicare W/H	27.62		
				Operator		32.00		6.00		38.00	1,832.70	Vac/Dues\$	72.20	
												PAC DUES	1.90	
												Wkng Due %	54.98	
												Total Deduct	733.59	
												Net Pay	1,171.31	
												Hrs This Chk	38.00	
Subtotal for Payment Number: 04925613						32.00		6.00		38.00	1,832.70			
Ryan W Alston						32.00		6.00		38.00	1,832.70			

MO	M	M	2	M	008	68	IL-Laborers Local 68	LAB	Laborer	default				
United States	William J Brueggert				MO	7/25/2016	8.00	40.200	2.00	60.300	10.00	442.20	Payment Number: 04925614	
					TU	7/26/2016	8.00	40.200	4.00	60.300	12.00	562.80	Gross Pay	2,251.20
					WE	7/27/2016					1.00	1.00	IL Department	81.28
					WE	7/27/2016	8.00	40.200	4.00	60.300	12.00	562.80	FED W/H Tax	320.11
					TH	7/28/2016					.50	.50	FICA W/H	139.58
					TH	7/28/2016	8.00	40.200	4.00	60.300	12.00	562.80	Medicare W/H	32.65
					Laborer		32.00		14.00		1.50	47.50	Dues %	84.42
												Total Deduct	658.04	
												Net Pay	1,593.16	
												Hrs This Chk	47.50	
Subtotal for Payment Number: 04925614						32.00		14.00		1.50	47.50	2,251.20		

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Aegion Corporation

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## Certified Payroll Register

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 Pay Period Ending Date 7/30/2016  
 Period Number 1

INSTITUFORM TECHNOLOGIES INC  
 17988 EDISON AVE  
 CHESTERFIELD MO 63005

Project and Location 121645  
 BENSENVILLE, IL 2016  
 6478 X8" CIPP  
 RFB No. 2016-103 SS LINING  
 IL

SI	SMS	SDep	FMS	FDep	Sex	EEO	Union.....	Craft.....	Step.....	Job.....	Check Detail.....						
Social Security No								Regular.....	Overtime.....	Other.....	Total.....						
Name/Address								Hours	Rate	Hours	Job Amount	Description	Amount				
								William J Bruegger		32.00	14.00		1.50	47.50	2,251.20		

MO	M	M	2	M	008	68	IL-Laborers Local 68	LAB	ONE	LABORER	default									
Brandon Phillip Burnett												TU 7/26/2016	8.00	40.200		8.00	321.60	Payment Number: 04925615		
												WE 7/27/2016			4.00	60.300	4.00	241.20	Gross Pay 1,850.90	
												WE 7/27/2016	8.00	40.200			8.00	321.60	IL Department 66.27	
United States												TH 7/28/2016				.50	.50	40.20	FED W/H Tax 236.44	
												TH 7/28/2016			4.00	60.300	4.00	241.20	FICA W/H 114.76	
												TH 7/28/2016	8.00	40.200			8.00	321.60	Medicare W/H 26.84	
Laborer												24.00			8.00		.50	32.50	1,487.40	Chd. Sup. S 155.00
																		Dues % 69.41		
																		Total Deduct 668.72		
																		Net Pay 1,182.18		
																		Hrs This Chk 32.50		
Subtotal for Payment Number: 04925615												24.00			8.00		.50	32.50	1,487.40	
Brandon Phillip Burnett												24.00			8.00		.50	32.50	1,487.40	

MO	M	M		M	008	68	IL-Laborers Local 68	LAB	LABORER	default										
James R Cerven												MO 7/25/2016	8.00	40.200	2.00	60.300	10.00	442.20	Payment Number: 04925617	
												TU 7/26/2016	8.00	40.200	4.00	60.300	12.00	562.80	Gross Pay 2,633.10	
												WE 7/27/2016					1.50	1.50	IL Department 98.74	
United States												WE 7/27/2016	8.00	40.200	4.00	60.300	12.00	562.80	FED W/H Tax 454.53	
Laborer												24.00			10.00		1.50	35.50	1,688.40	FICA W/H 163.25
																		Medicare W/H 38.18		
																		Dues % 98.74		
																		Total Deduct 853.44		
																		Net Pay 1,779.66		

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Aegion Corporation

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## Certified Payroll Register

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INSTITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005Project and Location 121645  
BENSENVILLE, IL 2016  
6478x8" CIPP  
RFB No. 2016-103 SS LINING  
IL

Pay Period Ending Date

7/30/2016

Period Number

1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union.....	Craft.....	Step.....	.....	Check Detail.....	
Social Security No								Regular.....	Overtime.....	Other.....	Job.....	
Name/Address								Work Date	Hours	Rate	Hours	Amount
												56.50

Subtotal for Payment Number: 04925617	24.00	10.00	1.50	35.50	1,688.40
James R Cerven	24.00	10.00	1.50	35.50	1,688.40

MO	M	M	008	68	IL-Laborers Local 68	LAB	Laborer	default			
Brandon M Dobe			MO	7/25/2016	8.00	40.900	3.00	61.350	11.00	511.25	Payment Number: 04925619
			TU	7/26/2016	8.00	40.900	4.00	61.350	12.00	572.60	Gross Pay 2,392.65
			WE	7/27/2016					.50	.50	IL. Department 89.72
United States			WE	7/27/2016	8.00	40.900	4.00	61.350	12.00	572.60	FED W/H Tax 394.41
			TH	7/28/2016					1.50	1.50	FICA W/H 148.35
			TH	7/28/2016	8.00	40.900	4.00	61.350	12.00	572.60	Medicare W/H 34.70
			Laborer		32.00		15.00		2.00	49.00	Dues % 89.72
											Total Deduct 756.90
											Net Pay 1,635.75
											Hrs This Chk 49.00

Subtotal for Payment Number: 04925619	32.00	15.00	2.00	49.00	2,392.65
Brandon M Dobe	32.00	15.00	2.00	49.00	2,392.65

MO	M	M	008	2	IL-Chicago Laborers	FRM	Foreman	default			
Roger K Maloney			MO	7/25/2016	8.00	41.650	2.00	62.475	10.00	458.15	Payment Number: 00122747
			TU	7/26/2016	8.00	41.650	2.00	62.475	10.00	458.15	Gross Pay 2,144.99
			WE	7/27/2016	8.00	41.650	3.00	62.475	11.00	520.63	IL Department 80.44
United States			TH	7/28/2016					1.50	1.50	FED W/H Tax 332.50
			TH	7/28/2016	8.00	41.650	4.00	62.475	12.00	583.11	FICA W/H 132.99
			Foreman		32.00		11.00		1.50	44.50	Medicare W/H 31.10

R07371

Aegion Corporation

8/3/2016 8:23:12

## Certified Payroll Register

Page - 27  
 Pay Period Ending Date 7/30/2016  
 Period Number 1

INSITUFORM TECHNOLOGIES INC  
 17988 EDISON AVE  
 CHESTERFIELD MO 63005

Project and Location 121645  
 BENSENVILLE, IL 2016  
 6478x8" CIPP  
 RFB No. 2016-103 SS LINING  
 IL

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step
----	-----	------	-----	------	-----	-----	-------	-------	------

Social Security No Ethnic Cat

Name/Address	Work Date	Hours	Rate	Hours	Rate	Hours	Total Hours	Job Amount	Check Detail
									Dues % 80.44
									Total Deduct 657.47
									Net Pay 1,487.52
									Hrs This Chk 44.50

Subtotal for Payment Number: 00122747	32.00	11.00	1.50	44.50	2,144.99
Roger K Moloney	32.00	11.00	1.50	44.50	2,144.99

BENSENVILLE, IL 2016	176.00	64.00	7.00	247.00	11,797.34
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## STATEMENT OF COMPLIANCE

121

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 3	2. PAYROLL PAYMENT DATE (YYMMDD) 16/08/12	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/08/12
------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus  
(Name of signatory party) Payroll Specialist  
(Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03  
(Building or work) ; that during the payroll period commencing on the 31st day of  
July, 2016, and ending the 6th day of August, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each labore or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

**(C) EXCEPTIONS**

EXCEPTION (Craft)

EXPLANATION


**5. REMARKS**

6. NAME (Last, First, Middle Initial)

Grus, Sarah

7. TITLE

Payroll Specialist

8. SIGNATURE

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

8/10/2016 12:20:28

## Certified Payroll Register

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26

INSTITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478x6" CIPP  
IL

Pay Period Ending Date

8/6/2016

Period Number

2

SI	SMS	SDep	FMS	FDep	Sex	EEO	Union.....	Craft.....	Step.....	Job.....	Check Detail.....
Social Security No		Ethnic Cat		Regular.....				Overtime.....	Other	Total	Job

Name/Address				Work Date	Hours	Rate	Hours	Rate	Hours	Total Hours	Job Amount	Description	Amount
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MO	S	S	M	008	150	IL-Operators Local #	OPRONEDOperatror			default		
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Ryan W Alston	MO	8/1/2016	8.00	44.700	3.00	67.050		11.00	558.75	Payment Number: 04927009	
	FR	8/5/2016	8.00	44.700				8.00	357.60	Gross Pay	1,698.05
			16.00		3.00			19.00	916.35	IL Departmen	63.68
United States										FED W/H Tax	332.37
										FICA W/H	105.28
										Medicare W/H	24.63
										Vac/Dues\$	66.50
										PAC DUES	1.75
										Wkng Due %	48.95
										Total Deduct	643.16
										Net Pay	1,054.89
										Hrs This Chk	35.00

Subtotal for Payment Number: 04927009	16.00	3.00		19.00	916.35
Ryan W Alston	16.00	3.00		19.00	916.35

MO	M	M	2	M	008	68	IL-Laborers Local 68	LAB	Laborer	default		
William J Brueggert	MO	8/1/2016	8.00	40.200	3.00	60.300		11.00	502.50	Payment Number: 04927011		
	FR	8/5/2016	8.00	40.200	1.50	60.300		9.50	412.05	Gross Pay	1,557.75	
			16.00		4.50			20.50	914.55	IL Departmen	55.28	
United States										FED W/H Tax	167.80	
										FICA W/H	96.58	
										Medicare W/H	22.58	
										Dues %	58.42	
										Total Deduct	400.66	
										Net Pay	1,157.09	
										Hrs This Chk	36.50	

Subtotal for Payment Number: 04927011	16.00	4.50		20.50	914.55
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807371

Aegion Corporation

8/10/2016 12:20:28

### Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
6478"x8" CIPP  
RFB No. 2016-103 SS LINING  
IL

Pay Period Ending Date 8/6/2016  
Period Number 2

Subtotal for Payment Number: 04927013      8.00      3.00      11.00      520.63  
Robert A Burns      8.00      3.00      11.00      520.63

Subtotal for Payment Number: 04927014      8.00      4.00      3.50      15.50      844.20  
James R Cerven      8.00      4.00      3.50      15.50      844.20

MO	M	M	M	008	68	IL-Laborers Local 68	LAB	Laborer		default		
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		
Brandon M Dobe		[REDACTED]		MO	8/1/2016	8.00	40.900	3.00	61.350	11.00	511.25	Payment Number: 04927016
[REDACTED]		[REDACTED]		FR	8/5/2016	8.00	40.900	1.50	61.350	9.50	419.23	Gross Pay 1,584.88
[REDACTED]		[REDACTED]		Laborer		16.00	4.50			20.50	930.48	IL Department 59.43
United States		[REDACTED]		[REDACTED]								FED W/H Tax 195.23
[REDACTED]		[REDACTED]		[REDACTED]								FICA W/H 98.26
[REDACTED]		[REDACTED]		[REDACTED]								Medicare W/H 22.98

807371

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8/10/2016 12:20:28

### Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
6478'x8" CIPP  
RFB No. 2016-103 SS LINING  
"

Pay Period Ending Date 8/6/2016  
Period Number 2

St SMS SDep FMS FDep Sex EEO Union . . . . . Craft . . . . . Step . . . . .

Social Security No	Ethnic Cat	Regular			Overtime		Other	Total	Job	Check Detail	
Name/Address		Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount
										Dues %	59.4
										Total Deduct	435.3
										Net Pay	1,149.5
										Hrs This Chk	36.5

Subtotal for Payment Number: 04927016 16.00 4.50 20.50 930.45  
Brandon M Dobe 16.00 4.50 20.50 930.45

MO	S	S	1	M	008	68	IL-Laborers Local 68	LAB	Laborer	default										
[REDACTED]																				
Jimmie D Funderburg											TU 8/2/2016	8.00	40.200	4.00	60.300	3.50	15.50	844.20		Payment Number: 04927018
[REDACTED]											Laborer	8.00	4.00	3.50	15.50	844.20	Gross Pay	2,492.40		
[REDACTED]																	IL Department	91.90		
[REDACTED]																	FED W/H Tax	486.42		
[REDACTED]																	FICA W/H	154.53		
[REDACTED]																	Medicare W/H	36.14		
[REDACTED]																	Dues %	93.47		
[REDACTED]																	Total Deduct	862.46		
[REDACTED]																	Net Pay	1,629.94		
[REDACTED]																	Hrs This Chk	50.00		

Subtotal for Payment Number: 04927018 8.00 4.00 3.50 15.50 844.20  
Jimmie D Funderburg 8.00 4.00 3.50 15.50 844.20

R07371

Aegeon Corporation

8/10/2016 12:20:28

### Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
6478" x 8" CIPP  
RFB No. 2016-103 SS LINING  
II.

Pay Period Ending Date 8/6/2016  
Period Number 2

St SMS SDep FMS FDep Sex EEO Union..... Craft..... Step.....  
 Social Security No Ethnic Cat ..... Regular ..... Overtime ..... Other Total Job ..... Check Detail .....  
 Name/Address Work Date Hours Rate Hours Rate Hours Hours Amount Description Amount

United States	FED W/H Tax	291.0
	FICA W/H	115.2
	Medicare W/H	26.9
	Dues %	69.7
	Total Deduct	572.7
	Net Pay	1,286.5
	Hrs This Chk	41.5

Subtotal for Payment Number: 00122876 8.00 3.00 11.00 502.50  
Jason R Kuczkowski 8.00 3.00 11.00 502.50

Subtotal for Payment Number: 00122877 8.00 3.00 11.00 520.63  
Roger K Moloney 8.00 3.00 11.00 520.63

MO S S 4 M 008 68 IL-Laborers Local 68 LAB Laborer default

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8/10/2016 12:20:28

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
6478"x8" CIPP  
RFB No. 2016-103 SS LINING  
II

Page - 31  
Pay Period Ending Date 8/6/2016  
Period Number 2

St SMS SDep FMS FDep Sex EEO Union..... Craft..... Step.....  
 Social Security No. Ethnic Cat. Regular Overtime Other Total Job Check Detail

Name/Address	Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount
David J Moore	MO 8/1/2016	8.00	40.200	3.00	60.300		11.00	502.50		Payment Number: 00122878
	Laborer	8.00		3.00			11.00	502.50	Gross Pay	1,467.30
									IL Department	48.75
									FED W/H Tax	138.39
United States									FICA W/H	90.97
									Medicare W/H	21.27
									Dues %	55.02
									Total Deduct	354.40
									Net Pay	1,112.90
									Hrs This Chk	35.00

Subtotal for Payment Number: 00122878 8.00 3.00 11.00 502.50  
David J Moore 8.00 3.00 11.00 502.50

Subtotal for Payment Number: 04927023 8.00 2.00 10.00 491.70  
Gary M Scaturo 8.00 2.00 10.00 491.70

R07371

Aegion Corporation

8/10/2016 12:20:28

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005Project and Location  
BENSENVILLE, IL 2016  
6478"x8" CIPP  
RFB No. 2016-103 SS LINING  
IL

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail	
Social Security No											
Name/Address		Work Date	Hours	Rate	Hours	Rate	Hours	Total Hours	Job Amount	Description	Amount

MO	S	S	1	M	008	68	IL-Laborers Local 68	LAB	Laborer	default
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Phillip Wesley Stevens	TU	8/2/2016	8.00	40.200	4.00	60.300	3.50	15.50	844.20	Payment Number: 04927024	
			8.00		4.00		3.50	15.50	844.20	Gross Pay	2,492.40
United States										IL Department	91.90
										FED W/H Tax	486.42
										FICA W/H	154.53
										Medicare W/H	36.14
										Garnish %	623.10
										Dues %	93.47
										Total Deduct	1,485.56
										Net Pay	1,006.84
										Hrs This Chk	50.00

Subtotal for Payment Number: 04927024	8.00	4.00	3.50	15.50	844.20
Phillip Wesley Stevens	8.00	4.00	3.50	15.50	844.20

BENSENVILLE, IL 2016	128.00	41.00	10.50	179.50	8,656.04
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## STATEMENT OF COMPLIANCE

1216

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1216 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.  
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.

1. PAYROLL NUMBER 4	2. PAYROLL PAYMENT DATE (YYMMDD) 16/08/19	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/08/19
------------------------	----------------------------------------------	--------------------	------------------------------

1. Sarah Grus Payroll Specialist do hereby state  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 7th day of  
(Building or work)

August, 2016, and ending the 13th day of August, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on  
behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible  
deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended  
'48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

### Federal, FICA, State and Local Taxes

### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract,

(C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle Initial)	7. TITLE	8. SIGNATURE
Grus, Sarah	Payroll Specialist	

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 231 of Title 31 of the United States Code.

PREVIOUS EDITION MAY BE USED.

RD7371

Aegion Corporation

8/18/2016 8:06:00

## Certified Payroll Register

Page - 24  
Pay Period Ending Date 8/13/2016  
Period Number 3

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121845  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CIIPP  
IL

St	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	.....	Check Detail .....					
Social Security No							.....	Regular .....	Overtime .....	Other	Total	Job	.....	Check Detail .....		
Name/Address								Work Date	Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121645

For  
OM  
Expt

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.  
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.

1. PAYROLL NUMBER	2. PAYROLL PAYMENT DATE (YYMMDD)	3. CONTRACT NUMBER	4. DATE (YYMMDD)
5	16/08/26		16/08/26

I, Sarah Grus Payroll Specialist do hereby state  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 14th day of  
(Building or work)

August, 2016, and ending the 20th day of August, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

**6. NAME (Last, First, Middle Initial)**

Grus, Sarah

**7. TITLE**

Payroll Specialist

**8. SIGNATURE**

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 231 of Title 31 of the United States Code.

RD7371

Aegion Corporation

8/25/2016 7:59:18

Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478'x8' CIPP  
IL

Pay Period Ending Date 8/20/2016

Period Number 4

St	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	Check Detail .....
Social Security No	Ethnic Cat	.....	.....	.....	.....	.....	.....	.....	.....	.....
Name/Address	Work Date	Hours	Rate	Hours	Rate	Hours	Total Hours	Job Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

1216

For  
OM  
Expl

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, altering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

LEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.

1. PAYROLL NUMBER 6	2. PAYROLL PAYMENT DATE (YYMMDD) 16/09/02	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/09/02
------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus (Name of signatory party) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 21st day of

August, 2016, and ending the 27th day of August, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended

48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c, and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) **EXCEPTIONS**

EXCEPTION (Check)	EXPLANATION

5. **REMARKS**

6. NAME (Last, First, Middle Initial)	7. TITLE	8. SIGNATURE
Grus, Sarah	Payroll Specialist	

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 231 of Title 31 of the United States Code.

PREVIOUS EDITION MAY BE USED.

R07371

Aegion Corporation

9/1/2016 7:22:15

Certified Payroll Register

Page - 23

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CIPP  
IL

Pay Period Ending Date 8/27/2016

Period Number 1

SI	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	.....	Check Detail .....		
Social Security No	Ethnic Cat						.....	Regular .....	Overtime .....	Other	Total	Job .....	
Name/Address		Work Date	Hours	Rate			Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 7	2. PAYROLL PAYMENT DATE (YYMMDD) 16/09/09	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/09/09
------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus Payroll Specialist do hereby state  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 28th day of

August, 2016, and ending the 3rd day of September, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

### Federal, FICA, State and Local Taxes

### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle Initial) Grus, Sarah 7. TITLE Payroll Specialist 8. SIGNATURE 

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 231 of Title 31 of the United States Code.

PREVIOUS EDITON MAY BE USED.

R07371

Aegion Corporation

9/8/2016 9:25:42

## Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CIIPP  
IL

Pay Period Ending Date 9/3/2016

Period Number 2

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail				
Social Security No								Regular	Overtime	Other	Total	Job		
Name/Address								Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 8	2. PAYROLL PAYMENT DATE (YYMMDD) 16/09/16	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/09/16
------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus (Name of signatory party) Payroll Specialist (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC (Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 4th day of

September, 2016, and ending the 10th day of September, 2016, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

6. NAME (Last, First, Middle Initial) Grus, Sarah 7. TITLE Payroll Specialist 8. SIGNATURE 

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

9/15/2016 8:31:45

## Certified Payroll Register

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INSTITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478x8' CIPP  
IL

Pay Period Ending Date 9/10/2016

Period Number 3

SI	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	.....	Check Detail .....	
Social Security No							.....	Regular .....	Overtime .....	Other	Total	Job
Name/Address								Hours	Rate	Hours	Hours	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 9	2. PAYROLL PAYMENT DATE (YYMMDD) 16/09/23	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/09/23
------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus (Name of signatory party), Payroll Specialist (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC (Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 11th day of

September, 2016, and ending the 17th day of September, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

### Federal, FICA, State and Local Taxes

### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle Initial) Grus, Sarah 7. TITLE Payroll Specialist 8. SIGNATURE 

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

9/22/2016 12:57:08

## Certified Payroll Register

Page - 21

INSITUFORM TECHNOLOGIES INC  
1798B EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CI/PP  
IL

Pay Period Ending Date 9/17/2016

Period Number 4

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail				
Social Security No								Regular	Overtime	Other	Total	Job		
Name/Address								Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121 3

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 10	2. PAYROLL PAYMENT DATE (YYMMDD) 16/09/30	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/09/30
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus Payroll Specialist do hereby state  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 18th day of

September, 2016, and ending the 24th day of September, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person

(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended

(48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

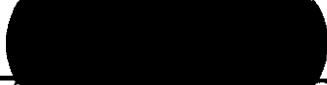
**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract,

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

6. NAME (Last, First, Middle Initial)	7. TITLE	8. SIGNATURE
Grus, Sarah	Payroll Specialist	

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

9/29/2016 8:21:19

## Certified Payroll Register

Page - 22

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CIIPP  
IL

Pay Period Ending Date 9/24/2016

Period Number 5

St	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	.....	Check Detail .....			
Social Security No							.....	Regular .....	Overtime .....	Other	Total	Job	.....	.....
Name/Address								Work Date	Hours	Rate	Hours	Rate	Hours	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

125 5

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 11	2. PAYROLL PAYMENT DATE (YYMMDD) 16/10/07	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/10/07
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus  
(Name of signatory party) Payroll Specialist  
(Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC

(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 25th day of

September, 2016, and ending the 1st day of October, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person

(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

### Federal, FICA, State and Local Taxes

### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle Initial)

Grus, Sarah

7. TITLE

Payroll Specialist

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 231 of Title 31 of the United States Code.

PREVIOUS EDITON MAY BE USED.

R07371

Aegion Corporation

10/5/2016 11:10:51

## Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CI/PP  
IL

Pay Period Ending Date 10/1/2016

Period Number 1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail				
Social Security No			Ethnic Cat					Regular	Overtime	Other	Total	Job		
Name/Address								Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

12/3

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 12	2. PAYROLL PAYMENT DATE (YYMMDD) 16/10/14	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/10/14
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus Payroll Specialist do hereby state  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC

(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 2nd day of

October, 2016, and ending the 8th day of October, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended

(48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

### Federal, FICA, State and Local Taxes

### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle Initial)	7. TITLE	8. SIGNATURE
Grus, Sarah	Payroll Specialist	

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

10/12/2016 14:03:12

## Certified Payroll Register

Page •

19

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478x6" CIIPP  
IL

Pay Period Ending Date

10/6/2016

Period Number

2

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail				
Social Security No							.....	Regular	Overtime	Other	Total	Job	.....	.....
Name/Address								Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

12 5

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 13	2. PAYROLL PAYMENT DATE (YYMMDD) 16/10/21	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/10/21
I, <u>Sarah Grus</u> (Name of signatory party)		Payroll Specialist (Title)	do hereby state
(1) That I pay or supervise the payment of the persons employed by		Instituform Technologies USA, LLC (Contractor or subcontractor)	
on the <u>MPI Sewer Lining Project #16.8.03</u> (Building or work)		; that during the payroll period commencing on the <u>9th</u> day of <u>October</u> , <u>2016</u> , and ending the <u>15th</u> day of <u>October</u> , <u>2016</u> , all persons employed	

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Instituform Technologies USA, LLC from the full weekly wages earned by any person

(Contractor or subcontractor) and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) **EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

5. **REMARKS**

6. NAME (Last, First, Middle Initial) Grus, Sarah 7. TITLE Payroll Specialist 8. SIGNATURE 

*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 231 of Title 31 of the United States Code.*

R07371

Aegion Corporation

10/19/2016 14:56:46

## Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478x8' CI PP  
IL

Pay Period Ending Date 10/15/2016

Period Number 3

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail	
Social Security No			Ethnic Cat					Regular	Overtime	Job	
Name/Address								Hours	Rate	Hours	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121-5

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 14	2. PAYROLL PAYMENT DATE (YYMMDD) 16/10/28	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/10/28
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I, <u>Sarah Grus</u> (Name of signatory party)	Payroll Specialist (Title)	do hereby state
(1) That I pay or supervise the payment of the persons employed by on the <u>MPI Sewer Lining Project #16.8.03</u> (Building or work)		Insituform Technologies USA, LLC (Contractor or subcontractor)
on the <u>October</u> , <u>2016</u> , and ending the <u>22nd</u> day of <u>October</u> , <u>2016</u>		that during the payroll period commencing on the <u>16th</u> day of

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

### Federal, FICA, State and Local Taxes

### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

6. NAME (Last, First, Middle Initial) Grus, Sarah	7. TITLE Payroll Specialist	8. 
------------------------------------------------------	--------------------------------	------------------------------------------------------------------------------------------

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

10/26/2016 15:49:36

## Certified Payroll Register

Page - 14

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478'x8" CIIPP  
IL

Pay Period Ending Date 10/22/2016

Period Number 4

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail				
Social Security No							.....	Regular	Overtime	Other	Total	Job	.....	Check Detail
Name/Address								Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 15	2. PAYROLL PAYMENT DATE (YYMMDD) 16/11/04	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/11/04
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus  
(Name of signatory party) Payroll Specialist  
(Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 23rd day of  
October, 2016, and ending the 29th day of October, 2016, all persons employed  
on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on  
behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible  
deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended  
(48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the  
wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination  
incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State  
apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized  
agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of  
fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in Section 4 (C) below.

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less  
than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract,

**(C) EXCEPTIONS**

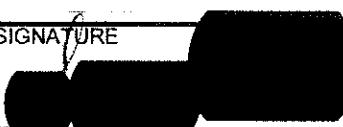
EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

6. NAME (Last, First, Middle Initial) 7. TITLE 8. SIGNATURE

Grus, Sarah

Payroll Specialist



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 231 of Title 31 of the United States Code.

PREVIOUS EDITON MAY BE USED.

R07371

Aegion Corporation

11/2/2016 14:33:24

## Certified Payroll Register

Page -

14

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478'x8" CIIPP  
IL

Pay Period Ending Date

10/29/2016

Period Number

1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail						
Social Security No								Regular	Overtime	Other	Total	Job				
Name/Address								Work Date	Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121

For  
OM  
Exp)

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 16	2. PAYROLL PAYMENT DATE (YYMMDD) 16/11/11	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/11/11
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus (Name of signatory party), Payroll Specialist (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC (Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work): that during the payroll period commencing on the 30th day of

October, 2016, and ending the 5th day of November, 2016, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) **EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

5. **REMARKS**

6. NAME (Last, First, Middle Initial)

Grus, Sarah

7. TITLE

Payroll Specialist

8. SIGNATURE



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 231 of Title 31 of the United States Code.

PREVIOUS EDITION MAY BE USED.

R07371

Aegion Corporation

11/9/2016 7:46:41

## Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478x8' CIIPP  
IL

Pay Period Ending Date 11/5/2016

Period Number 2

St	SMS	SDep	FMS	FDep	Sex	EEO	Union.....	Craft.....	Step.....	.....	Check Detail.....					
Social Security No							.....	Regular.....	Overtime.....	Other	Total	Job				
Name/Address								Work Date	Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121

For  
OM  
Expi

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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 17	2. PAYROLL PAYMENT DATE (YYMMDD) 16/11/18	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/11/18
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus  
 (Name of signatory party) , Payroll Specialist  
 (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC

(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03  
 (Building or work) ; that during the payroll period commencing on the 6th day of  
November, 2016, and ending the 12th day of November, 2016, all persons employed  
 on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on  
 behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person

(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible  
 deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended  
 (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle Initial)

7. TITLE

Grus, Sarah

Payroll Specialist

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 231 of Title 31 of the United States Code.

PREVIOUS EDITION MAY BE USED.

R07371

Aegion Corporation

11/16/2016 12:25:02

## Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CI/PP  
IL

Pay Period Ending Date 11/12/2016

Period Number 3

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail						
Social Security No		Ethnic Cat					.....	Regular	Overtime	Other	Total	Job	.....	Check Detail		
Name/Address							Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 18	2. PAYROLL PAYMENT DATE (YYMMDD) 16/11/25	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/11/25
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus (Name of signatory party), Payroll Specialist (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC (Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 13th day of November, 2016, and ending the 19th day of November, 2016, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

### Federal, FICA, State and Local Taxes

### **No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract,

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

6. NAME (Last, First, Middle Initial)

Grus, Sarah

7. TITLE

Payroll Specialist



*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 231 of Title 31 of the United States Code.*

R07371

Aegion Corporation

11/22/2016 12:59:19

Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478'x8" CIIPP  
IL

Pay Period Ending Date 11/19/2016

Period Number 4

St	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	.....	Check Detail .....	
Social Security No	Ethnic Cat	.....	Regular .....	.....	Overtime .....	Other	Total	Job	.....	.....		
Name/Address			Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

1210.5

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 19	2. PAYROLL PAYMENT DATE (YYMMDD) 16/12/02	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/12/02
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus  
(Name of signatory party) Payroll Specialist  
(Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 20th day of

November, 2016, and ending the 26th day of November, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract,

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

6. NAME (Last, First, Middle Initial)

7. TITLE

Grus, Sarah

Payroll Specialist

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 231 of Title 31 of the United States Code.

PREVIOUS EDITION MAY BE USED.

R07371

Aegion Corporation

12/1/2016 8:50:50

INSTITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478"x8" CIPP  
ILPage - 13  
Pay Period Ending Date 11/26/2016  
Period Number 1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	Check Detail .....				
Social Security No							..... Regular .....	Overtime .....	Other	Total	Job	.....		
Name/Address							Work Date	Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

12 5

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 20	2. PAYROLL PAYMENT DATE (YYMMDD) 16/12/09	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/12/09
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus (Name of signatory party), Payroll Specialist (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC (Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 27th day of November, 2016, and ending the 3rd day of December, 2016, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

6. NAME (Last, First, Middle Initial)

Grus, Sarah

7. TITLE

Payroll Specialist

*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 231 of Title 31 of the United States Code.*

R07371

Aegion Corporation

12/7/2016 12:50:39

## Certified Payroll Register

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INSTITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478'x8" CIPP  
IL

Pay Period Ending Date 12/3/2016

Period Number 2

SI	SMS	SDep	FMS	FDep	Sex	EEO	Union .....	Craft .....	Step .....	.....	Check Detail .....					
Social Security No		Ethnic Cat					.....	Regular .....	Overtime .....	Other	Total	Job .....				
Name/Address							Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

12 5

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 21	2. PAYROLL PAYMENT DATE (YYMMDD) 16/12/16	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/12/16
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus Payroll Specialist  
(Title) do hereby state  
(Name of signatory party)

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 4th day of  
December, 2016, and ending the 10th day of December, 2016, all persons employed  
on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on  
behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)  
and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible  
deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended  
(48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract,

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

6. NAME (Last, First, Middle Initial)

Grus, Sarah

7. TITLE

Payroll Specialist

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

12/14/2016 12:43:08

Certified Payroll Register

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17

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CI/PP  
IL

Pay Period Ending Date 12/10/2016

Period Number 3

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail				
Social Security No			Ethnic Cat					Regular	Overtime	Other	Total	Job		
Name/Address								Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

121-5

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 22	2. PAYROLL PAYMENT DATE (YYMMDD) 16/12/23	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/12/23
-------------------------	----------------------------------------------	--------------------	------------------------------

1. Sarah Grus (Name of signatory party)	Payroll Specialist (Title)	do hereby state
(1) That I pay or supervise the payment of the persons employed by on the		Insituform Technologies USA, LLC (Contractor or subcontractor)
MPI Sewer Lining Project #16.8.03 (Building or work)		11th day of
December, 2016, and ending the 17th day of December, 2016		, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person (Contractor or subcontractor) and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

## Federal, FICA, State and Local Taxes

## No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

## (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

## (C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

## 5. REMARKS

## 6. NAME (Last, First, Middle Initial)

## 7. TITLE

Grus, Sarah

Payroll Specialist

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil  
See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

RD7371

Aegion Corporation

12/21/2016 12:10:20

INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Certified Payroll Register

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Project and Location 121645  
BENSENVILLE, IL 2016  
RFB NO. 2016-103 SS LINING  
6478x8" CIPP  
IL

Pay Period Ending Date 12/17/2016

Period Number 4

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail
Social Security No	Ethnic Cat									
Name/Address										

Work Date	Hours	Rate	Hours	Rate	Hours	Total Hours	Job Amount	Description	Amount
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NO WORK PERFORMED
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## STATEMENT OF COMPLIANCE

121

For  
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Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.  
**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 23	2. PAYROLL PAYMENT DATE (YYMMDD) 16/12/30	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/12/30
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus  
 (Name of signatory party) Payroll Specialist do hereby state  
 (Title)

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC

(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 18th day of

December, 2016, and ending the 24th day of December, 2016, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
 (Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

### Federal, FICA, State and Local Taxes

### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) **EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

5. **REMARKS**

6. NAME (Last, First, Middle Initial) 7. TITLE

Grus, Sarah

Payroll Specialist

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

12/28/2016 11:51:04

## Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478'x8" CI PP  
IL

Pay Period Ending Date 12/24/2016

Period Number 5

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail				
Social Security No		Ethnic Cat						Regular	Overtime	Other	Total	Job		
Name/Address								Hours	Rate	Hours	Hours	Amount	Description	Amount

— NO WORK PERFORMED —

## STATEMENT OF COMPLIANCE

12 5

For  
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Expi

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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 24	2. PAYROLL PAYMENT DATE (YYMMDD) 17/01/06	3. CONTRACT NUMBER	4. DATE (YYMMDD) 17/01/06
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus  
(Name of signatory party) do hereby state  
 (1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)  
 on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 25th day of  
December, 2016, and ending the 31st day of December, 2016, all persons employed  
 on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on  
 behalf of said Insituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)  
 and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible  
 deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended  
 (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS**

6. NAME (Last, First, Middle Initial)

7. TITLE

8. SIGNATURE

Grus, Sarah

Payroll Specialist

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

1/4/2017 13:04:57

Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB NO. 2016-103 SS LINING  
6478x8" CIIPP  
IL

Pay Period Ending Date 12/31/2016

Period Number 1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail						
Social Security No							.....	Regular	Overtime	Other	Total	Job	.....	Check Detail		
Name/Address								Work Date	Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

12 5

For  
OM  
Expi

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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 25	2. PAYROLL PAYMENT DATE (YYMMDD) 17/01/13	3. CONTRACT NUMBER	4. DATE (YYMMDD) 17/01/13
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus (Name of signatory party), Payroll Specialist (Title) do hereby state  
 (1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)  
 on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 1st day of  
January, 2017, and ending the 7th day of January, 2017, all persons employed  
 on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on  
 behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person  
 and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible  
 deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended  
 (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

**(C) EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

**5. REMARKS****6. NAME (Last, First, Middle Initial)****7. TITLE**

Grus, Sarah

Payroll Specialist

*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 231 of Title 31 of the United States Code.*

R07371

Aegion Corporation

1/11/2017 13:01:43

## Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478'x8" CIPP  
IL

Pay Period Ending Date 1/7/2017

Period Number 2

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail	
Social Security No			Ethnic Cat				.....	Regular	Overtime	Job	
Name/Address								Hours	Rate	Hours	Amount

Name/Address	Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount
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NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

12 45

For  
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Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 26	2. PAYROLL PAYMENT DATE (YYMMDD) 17/01/20	3. CONTRACT NUMBER	4. DATE (YYMMDD) 17/01/20
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus do hereby state  
(Name of signatory party)

Payroll Specialist

(Title)

Instituform Technologies USA, LLC

(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 ; that during the payroll period commencing on the 8th day of  
(Building or work)

January, 2017, and ending the 14th day of January, 2017, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Instituform Technologies USA, LLC from the full weekly wages earned by any person  
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

### Federal, FICA, State and Local Taxes

### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract,

(C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle Initial)

7. TITLE

Grus, Sarah

Payroll Specialist

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

1/19/2017 8:09:30

## Certified Payroll Register

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INSTITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478'x8" CIIPP  
IL

Pay Period Ending Date 1/14/2017

Period Number 3

St	SMS	SDep	FMS	FDep	Sex	EEO	Union.....	Craft.....	Step.....	.....	Check Detail.....	
Social Security No	Ethnic Cat	.....	Regular.....	.....	Overtime.....	Other	Total	Job	.....	.....		
Name/Address			Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED

## STATEMENT OF COMPLIANCE

12 5

For  
OM  
Expi

Public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (1215-0149) Washington, DC 20503.  
**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 27	2. PAYROLL PAYMENT DATE (YYMMDD) 17/01/27	3. CONTRACT NUMBER	4. DATE (YYMMDD) 17/01/27
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus  
(Name of signatory party) Payroll Specialist (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC  
(Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 15th day of

January, 2017 and ending the 21st day of January, 2017, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. 276c), and described below:

#### Federal, FICA, State and Local Taxes

#### No Work Performed

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle Initial)

7. TITLE

Grus, Sarah

Payroll Specialist

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

1/25/2017 13:56:54

## Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE, IL 2016  
RFB No. 2016-103 SS LINING  
6478"x8" CIPP  
IL

Pay Period Ending Date 1/21/2017

Period Number 4

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Check Detail	
Social Security No	Ethnic Cat						Regular	Overtime	Other	Total	Job
Name/Address							Work Date	Hours	Rate	Hours	Amount

Rate	Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount
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----- NO WORK PERFORMED -----

## STATEMENT OF COMPLIANCE

12-15-05

For  
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Expi

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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.**

1. PAYROLL NUMBER 28	2. PAYROLL PAYMENT DATE (YYMMDD) 17/02/03	3. CONTRACT NUMBER	4. DATE (YYMMDD) 17/02/03
-------------------------	----------------------------------------------	--------------------	------------------------------

I, Sarah Grus (Name of signatory party) Payroll Specialist (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Insituform Technologies USA, LLC (Contractor or subcontractor)

on the MPI Sewer Lining Project #16.8.03 (Building or work); that during the payroll period commencing on the 22nd day of

January, 2017, and ending the 28th day of January, 2017, all persons employed

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on

behalf of said Insituform Technologies USA, LLC (Contractor or subcontractor) from the full weekly wages earned by any person

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

Federal, FICA, State and Local Taxes

**No Work Performed**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (C) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

-Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract.

(C) **EXCEPTIONS**

EXCEPTION (Craft)	EXPLANATION

5. **REMARKS**

6. NAME (Last, First, Middle Initial) Grus, Sarah	7. TITLE Payroll Specialist	8. SIGNATURE 
------------------------------------------------------	--------------------------------	-------------------------------------------------------------------------------------------------------

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 231 of Title 31 of the United States Code.

R07371

Aegion Corporation

2/2/2017 7:37:40

Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC  
17988 EDISON AVE  
CHESTERFIELD MO 63005

Project and Location 121645  
BENSENVILLE IL 2016  
RFB No. 2016-103 SS LINING  
6478x8" CIPP  
IL

Pay Period Ending Date 1/28/2017

Period Number 1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union.....	Craft.....	Step.....	.....	Check Detail.....					
Social Security No	Ethnic Cat						.....	Regular.....	Overtime.....	Other	Total	Job	.....	.....		
Name/Address							Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount

NO WORK PERFORMED