



12 South Center Street
Bensenville, IL 60106

Office 630.350.3494
Fax 630.350.3408
www.bensenville.il.us

VILLAGE BOARD

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May 31, 2017

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 complied 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. 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 Williamsen
Freedom of Information Officer
Village of Bensenville

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

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 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 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)

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.

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

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

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Job	Check Detail		
Social Security No		Ethnic Cat				Regular		Overtime		Other			
Name/Address		Work Date	Hours	Rate	Hours	Rate	Hours	Total	Job	Description	Amount		
MO	S	S	M	008	150	IL-Operators Local #	OPRONEperator	default					
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
Operator						16.00		1.00		17.00	782.25	IL Departmen	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		

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Certified Payroll Register

7/27/2016 14:53:07

INSITUFORM TECHNOLOGIES INC
17988 EDISON AVE
CHESTERFIELD MO 63005Project and Location 121645
BENSENVILLE, IL 2016
6478x8" CIPP
RFB No. 2016-103 SS LINING
ILPage - 32
Pay Period Ending Date 7/23/2016
Period Number 5

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Regular	Overtime	Other	Total	Job	Check Detail
Social Security No		Ethnic Cat		Name/Address		Work Date		Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description
				William J Brueggert				16.00		2.00			18.00	753.80	

MO	M	M	2	M	008	68	IL-Laborers Local 68	LABONE Laborer	default									
Brandon Phillip Burnett										TH	7/21/2016	8.00	39.200	3.00	58.800	11.00	490.00	Payment Number: 04924316
Laborer												8.00		3.00		11.00	490.00	Gross Pay 1,117.20
United States																		IL Departmen 38.76
																		FED W/H Tax 90.03
																		FICA W/H 69.27
																		Medicare W/H 16.20
																		Chd.Sup.\$ 155.00
																		Dues % 41.90
																		Total Deduct 411.16
																		Net Pay 706.04
																		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	M		M	008	68	IL-Laborers Local 68	LAB Laborer	default									
James R Cerven										TH	7/21/2016	8.00	40.200	3.50	60.300	11.50	532.65	Payment Number: 04924318
Laborer										FR	7/22/2016	8.00	40.200	1.00	60.300	9.00	381.90	Gross Pay 2,241.15
United States												16.00		4.50		20.50	914.55	IL Departmen 84.04
																		FED W/H Tax 356.54
																		FICA W/H 138.95
																		Medicare W/H 32.50
																		Dues % 84.04
																		Total Deduct 696.07
																		Net Pay 1,545.08

Certified Payroll Register

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INSITUFORM TECHNOLOGIES INC
17988 EDISON AVE
CHESTERFIELD MO 63005

Project and Location 121545
BENSENVILLE, IL 2016
6478'x8" 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	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	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
						16.00		4.50		20.50	930.48	IL Departmen	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	18.00	4.50	20.50	930.48

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Certified Payroll Register

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Pay Period Ending Date 7/23/2016

Period Number 5

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											Check Detail	
Name/Address	Work Date	Hours	Rate	Hours	Rate	Hours				Hours	Amount	Description	Amount
												Dues %	84.73
												Total Deduct	1,031.63
												Net Pay	1,227.91
												Hrs This Chk	49.50

Subtotal for Payment Number: DD122667	16.00	3.50	19.50	885.07
Roger K Moloney	16.00	3.50	19.50	885.07

BENSENVILLE, IL 2016	88.00	18.50	106.50	4,766.15
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STATEMENT OF COMPLIANCE

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For
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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, 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 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)

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.

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

Page - 24
Pay Period Ending Date 7/30/2016
Period Number 1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Regular	Craft	Overtime	Other	Step	Total	Job	Check Detail	
Social Security No		Ethnic Cat						Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount
Name/Address							Work Date									
MO	S	S	M	008	150	IL-Operators Local #	OPRONEperator						default			
Ryan Walston																
							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 Departmen	71.43
United States							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																
Wrking 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 Walston								32.00		6.00			38.00	1,832.70		

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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

Page - 25
Pay Period Ending Date 7/30/2016
Period Number 1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft		Step		Social Security No		Ethnic Cat	Regular		Overtime		Other	Total	Job	Check Detail				
															Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount			
William J Brueggert															32.00		14.00		1.50	47.50	2,251.20					
MO	M		M	2	M	008	68	IL-Laborers Local 68		LABONE Laborer		default														
[REDACTED]																										
Brandon Phillip Burnett															TU	7/26/2016	8.00	40.200			8.00	321.60	Payment Number: 04925615			
[REDACTED]															WE	7/27/2016			4.00	60.300	4.00	241.20	Gross Pay 1,850.90			
[REDACTED]															WE	7/27/2016	8.00	40.200			8.00	321.60	IL Departmen 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	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	120.60	IL Departmen	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	
						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

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
11

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

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	
										Hrs This Chk	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	40.90	IL Departmen	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	122.70	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	2,392.65	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 Moloney					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 Departmen	80.44	
United States					TH 7/28/2016					1.50	1.50	124.95	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	2,144.99	Medicare W/H	31.10

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 7/30/2016

Period Number	1
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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	
										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			

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, 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 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 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.

Certified Payroll Register

Page - 26

INSITUFORM TECHNOLOGIES INC
17988 EDISON AVE
CHESTERFIELD MO 63005

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

Pay Period Ending Date 8/6/2016

Period Number 2

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Total	Job	Check Detail
Social Security No		Ethnic Cat					Regular	Overtime	Other			
Name/Address		Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Hours	Amount	Description	Amount
MO	S	S	M	008	150	IL-Operators Local #	OPR	Operator	default			
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			
								Working 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						

[illegible]

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

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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
		William J Brueggert		16.00		4.50			20.50	914.55	

MO	M	M	2	M	008	68	IL-Laborers Local 68	LABONE Laborer	default					
Brandon Philip Burnett					MO	8/1/2016	8.00	40.200	3.00	60.300	11.00	502.50	Payment Number: 04927012	
					FR	8/5/2016	8.00	40.200			8.00	321.60	Gross Pay	1,467.30
				Laborer			16.00		3.00		19.00	824.10	IL Departmen	51.89
United States													FED W/H Tax	142.55
													FICA W/H	90.97
													Medicare W/H	21.27
													Chd.Sup.\$	155.00
													Dues %	55.02
													Total Deduct	516.70
													Net Pay	950.60
													Hrs This Chk	35.00

Subtotal for Payment Number:04927012	16.00	3.00	19.00	824.10
Brandon Phillip Burnett	16.00	3.00	19.00	824.10

[illegible]

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

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

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
															Hrs This Chk	43.00
Subtotal for Payment Number: 04927013								8.00		3.00			11.00	520.63		
Robert A Burns								8.00		3.00			11.00	520.63		

[illegible]

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

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

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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 %	59.43
															Total Deduct	435.33
															Net Pay	1,149.55
															Hrs This Chk	36.50

Subtotal for Payment Number: 04927016	16.00	4.50	20.50	930.48
Brandon M Dobe	16.00	4.50	20.50	930.48

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

[illegible]

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

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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	291.06
																				FICA W/H	115.28
																				Medicare W/H	26.96
																				Dues %	69.72
																				Total Deduct	572.74
																				Net Pay	1,286.51
																				Hrs This Chk	41.50
Subtotal for Payment Number:00122876													8.00		3.00			11.00	502.50		
Jason R Kuczkowski													8.00		3.00			11.00	502.50		

[illegible]

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

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Pay Period Ending Date 8/6/2016

Period Number 2

INSITUFORM TECHNOLOGIES INC
17988 EDISON AVE
CHESTERFIELD MO 63005

Project and Location 121645
BERSENVILLE, 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		Regular		Overtime		Other		Total	Job	Check Detail	
Name/Address	Work Date		Hours	Rate	Hours	Rate	Hours	Rate	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	
			8.00		3.00				11.00	502.50	Gross Pay	1,467.30
											IL Departmen	48.75
											FED W/H Tax	138.39
											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

MO S S M 007 150 IL-Operators Local # OPR1 Operator default												
Gary M Scaturro	TU 8/2/2016		8.00	44.700	2.00	67.050			10.00	491.70	Payment Number: 04927023	
			8.00		2.00				10.00	491.70	Gross Pay	1,973.86
											IL Departmen	74.02
											FED W/H Tax	421.66
											FICA W/H	122.38
											Medicare W/H	28.62
											Vac/Dues\$--	74.10
											PAC DUES	1.95
											Wrking Due %	56.99
											Total Deduct	779.72
											Net Pay	1,194.14
											Hrs This Chk	39.00

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

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

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	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	Hours	Amount	Description	Amount
MO	S		S	1	M	008	68	IL-Laborers Local 68	LAB	Laborer							default													
																			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	
																												IL Departmen	91.90	
																												FED W/H Tax	486.42	
																												FICA W/H	154.53	
																												Medicare W/H	36.14	
																												Gamish %	623.10	
																												Dues %	93.47	
																												Total Deduct	1,485.56	
																												Net Pay	1,006.84	
																												Hrs This Chk	50.00	
																			United States											
																			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			

STATEMENT OF COMPLIANCE

1216

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, 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
------------------------	--	--------------------	------------------------------

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 7th day of 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) 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

8/18/2016 8:06:00

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 8/13/2016

Period Number 3

St	SMS	SDep	FMS	FDep	Sex	EEQ	Union	Craft	Step										
							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

121645

For
OM
Exoj

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

R07371

Aegion Corporation
Certified Payroll Register

8/25/2016 7:59:18

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Pay Period Ending Date 8/20/2016
Period Number 4INSITUFORM TECHNOLOGIES INC
17988 EDISON AVE
CHESTERFIELD MO 63005Project and Location 121645
BENSENVILLE IL 2016
RFB No. 2016-103 SS LINING
6478x8 CIPP
IL

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step							
							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

1216

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

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 21st day of
(Building or work)

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 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 18 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

Aeglon Corporation

9/1/2016 7:22:15

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'xd" CIPP
IL

Pay Period Ending Date 8/27/2016

Period Number 1

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Regular	Overtime	Other	Total	Job	Check Detail	
							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
(Contractor or subcontractor)

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 EDITION 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" CIPP
IL

Pay Period Ending Date 9/3/2016

Period Number 2

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Total	Job	Check Detail				
							Regular	Overtime	Other	Hours	Amount	Description	Amount			
							Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount	
							Work Date	Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount	
							Name/Address	Work Date	Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

12

For
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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, 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 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 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 EDITION MAY BE USED.

R07371

Aegion Corporation
Certified Payroll Register

9/15/2016 8:31:45

Page - 21

Pay Period Ending Date 9/10/2016

Period Number 3

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

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step											
								Regular	Overtime	Other	Total	Job	Check Detail							
							Work Date	Hours	Rate	Hours	Rate	Hours	Hours	Amount	Description	Amount				

NO WORK PERFORMED

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

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 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 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 
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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
Certified Payroll Register

9/22/2016 12:57:08

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Pay Period Ending Date 9/17/2016
Period Number 4

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

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Total	Job	Check Detail	
							Regular	Overtime	Other	Hours	Amount	Description	Amount
							Hours	Rate	Hours	Rate	Hours		
							Work Date	Hours	Rate	Hours	Rate	Hours	
							Name/Address	Hours	Rate	Hours	Rate	Description	Amount

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

12 5

For
OM
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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
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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
(Building or work)
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)**

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

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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 9/24/2016

Period Number 5

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

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

12 3

For
OM
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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 11	2. PAYROLL PAYMENT DATE (YYMMDD) 16/10/07	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/10/07
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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 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 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 EDITION MAY BE USED.

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Aegion Corporation

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Pay Period Ending Date 10/1/2016

Period Number 1

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

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Total	Job	Check Detail			
							Regular	Overtime	Other	Hours	Amount	Description	Amount		
Social Security No							Ethnic Cat								
Name/Address							Work Date	Hours	Rate	Hours	Rate	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 12	2. PAYROLL PAYMENT DATE (YYMMDD) 16/10/14	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/10/14
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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**

☒ XX

-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

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Certified Payroll Register

Page - 19

Pay Period Ending Date 10/8/2016

Period Number 2

INSITUFORM TECHNOLOGIES INC
17988 EDISON AVE
CHESTERFIELD MO 63005

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

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

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

12 3

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 13	2. PAYROLL PAYMENT DATE (YYMMDD) 16/10/21	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/10/21
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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 9th day of October, 2016, and ending the 15th 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

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.

Certified Payroll Register

Page - 14

Pay Period Ending Date 10/15/2016

Period Number 3

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

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Total	Job	Check Detail			
							Regular	Overtime	Other	Hours	Amount	Description	Amount		
Name/Address							Work Date	Hours	Rate	Hours	Rate	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 14	2. PAYROLL PAYMENT DATE (YYMMDD) 16/10/28	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/10/28
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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 16th day of
(Building or work)
October, 2016, and ending the 22nd 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

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.

PREVIOUS EDITION MAY BE USED.

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Aegion Corporation

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Certified Payroll Register

Page - 14

Pay Period Ending Date 10/22/2016

Period Number 4

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

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step						
							Regular	Overtime	Other	Total	Job	Check Detail			
							Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount	
Name/Address							Work Date	Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

12/1/16

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

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
Certified Payroll Register

11/2/2016 14:33:24

Page - 14
Pay Period Ending Date 10/29/2016
Period Number 1

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

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		

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
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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 30th day of
(Building or work)
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 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 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 CIPP
IL

Pay Period Ending Date 11/5/2016

Period Number 2

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

NO WORK PERFORMED

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 17	2. PAYROLL PAYMENT DATE (YYMMDD) 16/11/18	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/11/18
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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 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)**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 EDITION MAY BE USED.

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Aegion Corporation

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Certified Payroll Register

Page - 19

Pay Period Ending Date 11/12/2016

Period Number 3

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

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		

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

121

For
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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 ofNovember2016, and ending the 19th day ofNovember2016

, 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.

PREVIOUS EDITION MAY BE USED.

R07371

Aegion Corporation
Certified Payroll Register

11/22/2016 12:59:19

Page - 14
Pay Period Ending Date 11/19/2016
Period Number 4

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

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

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

12/1/05

For
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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
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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 20th day of
(Building or work)
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)

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 EDITION MAY BE USED.

R07371

Aegion Corporation
Certified Payroll Register

12/1/2016 8:50:50

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

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

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

12 5

For
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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 20	2. PAYROLL PAYMENT DATE (YYMMDD) 16/12/09	3. CONTRACT NUMBER	4. DATE (YYMMDD) 16/12/09
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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 27th day of
(Building or work)
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 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

☒ XX

-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 EDITION MAY BE USED.

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
6478'x8" CIPP
IL

Pay Period Ending Date 12/3/2016

Period Number 2

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step											
							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

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
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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 4th day of
(Building or work)
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.

PREVIOUS EDITION MAY BE USED.

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 12/10/2016

Period Number 3

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

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
-------------------------	--	--------------------	------------------------------

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 11th day of
(Building or work)
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)

Grus, Sarah

7. TITLE

Payroll Specialist

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil penalties under the False Statements Act, 18 U.S.C. 1001, and to criminal penalties under the False Statements Act, 18 U.S.C. 1001, and to criminal penalties under the False Statements Act, 18 U.S.C. 1001.

PREVIOUS EDITION MAY BE USED.

R07371

Aegion Corporation

12/21/2016 12:10:20

Certified Payroll Register

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Pay Period Ending Date 12/17/2016

Period Number 4

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

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

NO WORK PERFORMED

STATE OF COMPLIANCE

1210

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

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
(Building or work)

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)

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 EDITION MAY BE USED.

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
6476'x8" CIPP
IL

Pay Period Ending Date 12/24/2016

Period Number 5

St	SMS	SDep	FMS	FDep	Sex	EEO	Union	Craft	Step	Regular	Overtime	Other	Total	Job	Check Detail			
Social Security No							Ethnic Cat				Hours	Rate	Hours	Rate	Hours	Amount	Description	Amount
Name/Address							Work Date	Hours	Rate	Hours	Rate	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 24	2. PAYROLL PAYMENT DATE (YYMMDD) 17/01/06	3. CONTRACT NUMBER	4. DATE (YYMMDD) 17/01/06
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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 25th day of
(Building or work)
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.

PREVIOUS EDITION MAY BE USED.

R07371

Aegion Corporation
Certified Payroll Register

1/4/2017 13:04:57

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

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Pay Period Ending Date 12/31/2016
Period Number 1

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

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

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 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 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 EDITION MAY BE USED.

Certified Payroll Register

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Pay Period Ending Date 1/7/2017

Period Number 2

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

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

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

12 45

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 26	2. PAYROLL PAYMENT DATE (YYMMDD) 17/01/20	3. CONTRACT NUMBER	4. DATE (YYMMDD) 17/01/20
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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 8th day of 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 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 EDITION MAY BE USED.

R07371

Aegion Corporation

1/19/2017 8:09:30

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 1/14/2017

Period Number 3

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

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
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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 15th day of
(Building or work)

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 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 EDITION MAY BE USED.

Certified Payroll Register

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Pay Period Ending Date 1/21/2017

Period Number 4

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

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

----- NO WORK PERFORMED -----

STATEMENT OF COMPLIANCE

12.15

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 28	2. PAYROLL PAYMENT DATE (YYMMDD) 17/02/03	3. CONTRACT NUMBER	4. DATE (YYMMDD) 17/02/03
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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 22nd day of
(Building or work)
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 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 
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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.

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Pay Period Ending Date 1/28/2017
Period Number 1

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	

NO WORK PERFORMED