PAYROLL

U.S. Wage and Hour Division Rev. Dec. 2008

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

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

OR SUBCONTRACTOR ADDRESS 5922 N LAKE RD OMB No.: 1235-0008 Expires: 01/31/2015 NAME OF CONTRACTOR BERGEN NY 14416 DIEHL DEVELOPMENT, INC. PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING PAYROLL NO. VILLAGE OF ALBION WATER TANK REPLACEMENT 5 pg 1 10/12/2024 21-2T 3060 OAK ORCHARD RD, ALBION NY 14411 (9) (4) DAY AND DATE (3) (5) (6) (1) (2) (8) DEDUCTIONS M T W TH F S S NET NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER GROSS WITH-WAGES PAID 8 9 10 11 12 7 401(K) HEALTH/ DENTAL TOTAL AMOUNT EARNED RATE OF PAY HOLDING TAX OTHER FOR WEEK CLASSIFICATION FICA \$2,436,53 \$103.33 KLIRT DIFHI **OPERATOR** \$1,592.05 \$425.65 \$844.48 610 Stony Point Rd, Sppt NY 14559 CLASS A \$153.83 \$265.00 0 31.50 77.35 SS# - 0241 3.00 8.00 8.00 7.50 \$2,436.53 \$1,650.05 0.50 \$70.43 **BRANDON PRINCE** LABORER 0.50 911 Church Rd, Hilton NY 14468 \$1,344.52 GROUP I \$440.36 \$240.22 \$864.34 0 \$183.76 SS# - 0823 8.00 5.50 29.50 8.00 \$2,208.86 \$193.38 OPERATOR \$103.33 BRANDON PRINCE \$193.38 911 Church Rd, Hilton NY 14468 CLASS A 0 SS# - 0823 250 2.50 \$66.03 TEAMSTER \$71.08 DAVID BRENNAN 4046 Buffalo Rd, Roch NY 14624 \$93.10 \$206.49 \$526.98 \$896.46 GROUP 3 \$156.22 \$71.17 0 56.44 SS# - 2608 0.50 0.67 1.17 \$1,423.44 \$2,475.20 \$103.33 **OPERATOR** MERLIN MOYER \$1,585.68 0 \$889.52 13671 Maple St, Albion NY 14411 CLASS A \$189.35 \$700.17 SS# - 9949 8.00 8.00 8.00 8.00 32.00 77.35 \$2,475.20 \$63.21 TEAMSTER \$71.08 \$10.00 \$111.94 \$344.51 \$834.88 \$81.66 \$140.91 14404 Lime Kiln Rd, Albion NY 14411 **GROUP 3** 0 SS# - 8404 1.12 1.12 56.44 \$1,179.39 \$696.78 SURVEY \$97.58 TIMOTHY BEST \$696.78 2692 Christ Rd, Warsaw NY 14569 INSTRUMENT 0 SS# - 4582 PERSON 3.00 9.00 77,42 \$1,082.90 **OPERATOR** \$103.33 TIMOTHY BEST \$448.71 2692 Christ Rd, Warsaw NY 14569 \$634.20 \$60.78 0 CLASS A \$154.98 \$418.44 14.00 SS# - 4582 6.00 6.00 2.00 77.35 \$1,082.91

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly" a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. §5,5.(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

PAYROLL



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NAME OF CONTRACTOR OR SUBCONTRACTOR DIEHL DEVELOPMENT, INC.										ADDRESS 5922 N LAKE RD BERGEN NY 14416							OMB No.: 1235-0008 Expires: 01/31/2015			
PAYROLL NO. FOR WEEK ENDING 10/12/2024								PROJECT AND LOCATION VILLAGE OF ALBION WATER TANK REPLACEMENT 3060 OAK ORCHARD RD, ALBION NY 14411 21-2T						T NO.						
(1)	(2) SNOI	(3)	OT. OR ST.	S		DAY A	_	H F	FS	- 1		(7)			DEC	(8) DUCTIONS	(8) DUCTIONS			
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION		6 H	7 OURS	8 9 WORK	26.0					GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	401(K)	HEALTH/ DENTAL	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	
TIMOTHY BEST 2692 Christ Rd, Warsaw NY 14569 SS# - 4582	0	LABORER GROUP I	o s			3.0	0 1.50			4.50	\$70.43	\$246.33							\$246.33	
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module 1		kir Lin	o												7				WI.	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. § 5.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits. \vee

Public Burden Statement

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W.

Date10/12/2024		(b) WHERE FRINGE BENEFITS ARE F	PAID IN CASH						
KEITH DIEHL	PRESIDENT	 Each laborer or mechanic listed in the above referenced payroll has been paid 							
(Name of Signatory Party)	(Title)	as indicated on the na	avroll an amount not less than the sum of the applicable						
do hereby state:		basic hourly wage rate in the contract, excep	e plus the amount of the required fringe benefits as listed t as noted in section 4(c) below.						
(1) That I pay or supervise the payment of the person	ns employed by	(c) EXCEPTIONS							
DIEHL DEVELOPME	NT, INC. on the								
(Contractor or Subcontra		EXCEPTION (CRAFT)	EXPLANATION						
VILLAGE OF ALBION WATER TANK REPLAC	; that during the payroll period commencing on th	ne							
(Building or Work) 6 day of OCT , 2024, and ending	g the 12 day of OCT 2024								
all persons employed on said project have been paid the f been or will be made either directly or indirectly to or on be	ull weekly wages eamed, that no rebates have								
DIEHL DEVELOPMEN	T, INCfrom the	full	i er sent er						
(Contractor or Subcont	ractor)								
from the full wages earned by any person, other than pem 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145	under the Copeland Act, as amended (48 Stat. 9	248.							
		REMARKS:							
(2) That any payrolls otherwise under this contract or correct and complete; that the wage rates for laborers or applicable wage rates contained in any wage determination set forth therein for each laborer or mechanic conform with	mechanics contained therein are not less than the incorporated into the contract; that the classific the work he performed.	ne kations	n 125 Cafeteria Deductions.						
(3) That any apprentices employed in the above perior program registered with a State apprenticeship agency Training, United States Department of Labor, or if no such with the Bureau of Apprenticeship and Training, United St	cognized by the Bureau of Apprenticeship and n recognized agency exists in a State, are registe								
	APPROVED PLANS, FUNDS, OR PROGRAMS	KEITH DIEHL, PRESIDENT	SIGNATURE HELDER TO THE						
the above referenced navroll nav	ge rates paid to each laborer or mechanic listed yments of fringe benefits as listed in the contra popriate programs for the benefit of such employee ow.	CT THE WILLFUL FALSIFICATION OF ANY OF THE AB	OVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR UTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE						

PAYROLL



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Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR 5922 N LAKE RD OMB No.: 1235-0008 Expires: 01/31/2015 DIEHL DEVELOPMENT, INC. BERGEN NY 14416 PAYROLL NO. FOR WEEK ENDING PROJECT OR CONTRACT NO. PROJECT AND LOCATION 6 pg 1 10/19/2024 VILLAGE OF ALBION WATER TANK REPLACEMENT 3060 OAK ORCHARD RD, ALBION NY 14411 (2) (3) (4) DAY AND DATE (5) (6) (9) (8) DEDUCTIONS M T W TH F NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NET WAGES PAID 13 14 15 16 17 18 19 GROSS AMOUNT EARNED WORK CLASSIFICATION WITH-HOLDING TOTAL RATE OF PAY 401(K) HEALTH/ DENTAL NUMBER) OF WORKER TOTAL OTHER KURT DIEHL **OPERATOR** \$2,449.52 0.50 0.50 \$103.33 610 Stony Point Rd, Sppt NY 14559 CLASS A \$1,687 0 \$613.83 SS# - 0241 \$425.65 \$2,727.10 \$5,722.42 8.00 3.00 8.00 31.00 7.00 77.35 \$8,449.52 BRANDON PRINCE \$809.42 LABORER 1.00 \$70.43 911 Church Rd, Hilton NY 14468 GROUP I 0 SS# - 0823 \$225.27 \$434.23 \$294.46 \$953.96 \$1,758.67 5.50 13.50 54.74 \$2,712.63 BRANDON PRINCE OPERATOR \$232.05 \$103.33 911 Church Rd, Hilton NY 14468 CLASS A 0 SS# - 0823 \$232.05 3.00 3.00 77.35 RICHARD BARCLAY \$225.76 TEAMSTER \$71.08 4121 Monroe Orleans, Bkpt NY 14420 GROUP 3 0 \$84.82 \$167.37 \$43.74 \$241.00 \$108.68 SS# - 2052 \$645.61 \$812.69 4.00 4.00 56.44 \$1,458.30 MERLIN MOYER \$541.45 **OPERATOR** \$103.33 13671 Maple St, Albion NY 14411 0 CLASS A \$156.17 SS# - 9949 \$453.27 \$609,44 \$1,432.01 7.00 77.35 \$2,041.4 BADEN BRIGGS \$246.33 LABORER 0 \$70.43 6045 Crosby Crk Rd, Hornell NY 14843 SS# - 9713 GROUP I 0 \$273.36 \$662.34 \$935.70 \$2,637.63 4.50 4.50 \$3,573.33 BOWEN BRIGGS \$348.08 OPERATOR \$103.33 6077 Crosby Crk Rd, Hornell NY 14843 CLASS A 0 \$432.03 \$937.80 SS# - 5281 \$1,369.83 \$4,277.67 4.50 4.50 77.35 \$5,647.5 SAMUEL LAMMES \$322.39 **OPERATOR** 0.50 0.50 \$103.33 16473 Route 31, Holley NY 14470 0 CLASS A \$1,085.35 \$381.61 \$1,466.99 \$3,521.40 SS# - 1792

\$4,988.39 While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C,F.R. § 5, 3, 3, 5(a). The Copeland Act (40 U,S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C,F.R. § 5, 3, 3, 5(a). The Copeland Act 29 C,F.R. § 5,5(a)(3)(iii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Becon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

3.50 77.35

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Date10/19/2024		(b) ¹	WHERE FRINGE BENEFITS ARE PAIL	O IN CASH						
KEITH DIEHL	PRESIDENT		 Each laborer or mechanic listed in the above referenced payroll has been paid 							
(Name of Signatory Party)	(Title)		as indicated on the payroll, an amount not less than the sum of the applicable							
do hereby state:			basic hourly wage rate pl	us the amount of the required fringe benefits as listed noted in section 4(c) below.						
(1) That I pay or supervise the payment of the persons employed b	y									
DIEHL DEVELOPMENT, INC.	TC.	on the	EXCEPTIONS							
(Contractor or Subcontractor)		_ on the	EXCEPTION (CRAFT)	EXPLANATION						
VILLAGE OF ALBION WATER TANK REPLAC; that during th	e payroll period commencin	ng on the	100-00-00-00-00-00-00-00-00-00-00-00-00-							
(Building or Work)				The second secon						
13day ofOCT,2024 _, and ending the19	day of OCT	2024								
all persons employed on said project have been paid the full weekly was been or will be made either directly or indirectly to or on behalf of said		s have								
DIEHL DEVELOPMENT, INC.	fro	om the full								
(Contractor or Subcontractor)										
weekly wages earned by any person and that no deductions have been	made either directly or indir	rectly								
from the full wages earned by any person, other than permissible deduct 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Cop 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and describe	eland Act. as amended (48	B Stat. 948,								
Account to the second s		REMARKS:								
	. hardet and dear the advanced and	Other De	duction column is used for Section 12	25 Cafeteria Deductions.						
(2) That any payrolls otherwise under this contract required to be s correct and complete; that the wage rates for laborers or mechanics cor applicable wage rates contained in any wage determination incorporated set forth therein for each laborer or mechanic conform with the work he p	ntained therein are not less I into the contract; that the c	than the								
(3) That any apprentices employed in the above period are duly regi program registered with a State apprenticeship agency recognized by th Training, United States Department of Labor, or if no such recognized ay with the Bureau of Apprenticeship and Training, United States Departme	e Bureau of Apprenticeship gency exists in a State, are	and								
				(4)						
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED F	PLANS, FUNDS, OR PROG	GRAMS NAME AND	TITLE	SIGNATURE						
	,	KEITH D	IEHL, PRESIDENT	2650 TOOM						
 in addition to the basic hourly wage rates paid to 	each laborer or mechanic	c listed in		, STOCK AND THE CONTRACTOR OR						
the above referenced payroll, payments of fring have been or will be made to appropriate program except as noted in section 4(c) below.	e benefits as listed in the as for the benefit of such em	nplovees SUBCONTI	FUL FALSIFICATION OF ANY OF THE ABOVE RACTOR TO CIVIL OR CRIMINAL PROSECUTION UNITED STATES CODE.	STATEMENTS MAY SUBJECT THE CONTRACTOR OR ON, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE						
except as noted in section 4(c) below.		-								

10/19/2024

PAYROLL



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

	NAME OF CONTRACTOR OR SUBCONTRACTOR DIEHL DEVELOPMENT, INC.											information unless it displays a currently valid OMB control number. ADDRESS 5922 N LAKE RD BERGEN NY 14416							OMB No.: 1235-0008 Expires: 01/31/2015	
PAYROLL NO. FOR WEEK ENDING 10/26/2024											PROJECT AND LOCATION VILLAGE OF ALBION WATER TANK REPLACEMENT 3060 OAK ORCHARD RD, ALBION NY 14411						PROJECT OR CONTRACT NO. 21-2T			
(1)	NO. OF WITHHOLDING (S) EXEMPTIONS	(3) WORK CLASSIFICATION	OT, OR ST.	S	(4) D		W ANI	-	H F S		(5)	(6)	(7)			DEC	(8) DUCTIONS	(9)		
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER				20	21 HOURS	22 3 WC	23 RKE	24 EAC		26 Y	TOTAL		GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	401(K)	HEALTH/ DENTAL	OTHER	TOTAL	WAGES PAID FOR WEEK
KURT DIEHL 610 Stony Point Rd, Sppt NY 14559 SS# - 0241	0	OPERATOR CLASS A	0									\$103.33	\$2,475.20	\$156.79	\$272.07	er i e	\$425.65		\$854.51	\$1,620.69
			s		8.00	8.00	8.00	8.00			32.00	77.35	\$2,475.20			-				
BRANDON PRINCE 911 Church Rd, Hilton NY 14468 SS# - 0823	0	LABORER GROUP I	0		Н							\$70.43	\$602.14			de ne				\$602.14
			s			3.00	8.00				11.00	54.74						10 TO		The second secon
BRANDON PRINCE 911 Church Rd, Hilton NY 14468	0	OPERATOR CLASS A	0									\$103.33	\$618.80	\$186.12	\$448.51	\$243.28			\$877.91	\$952.84
SS# - 0823			s			5.00		3.00			8.00	77.35			0110.51	3243.20				
RICHARD BARCLAY 4121 Monroe Orleans, Bkpt NY 14420	0	TEAMSTER GROUP 3	o									\$71.08	\$42.33	\$88.50	\$180.74	\$43.36	\$241.00	\$47.55	\$601.15	\$844.43
SS# - 2052	ľ		s			0.75					0.75	56.44				343.30				
	0		0																	
			s																	
			0																	
	0		s			1											7012			
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contractors for financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed, DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

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Date	10/26/2024		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH						
	KEITH DIEHL	PRESIDENT		a baan asid					
1,	(Name of Signatory Party)	(Title)	 Each laborer or mechanic listed in the above referenced payroll has been payroll, an amount not less than the sum of the applica 						
do here	by state:		basic hourly wage rate plus the amount of the required fringe bene in the contract, except as noted in section 4(c) below.	fits as listed					
(1)) That I pay or supervise the payment of the persons	employed by	(c) EXCEPTIONS						
	DIEHL DEVELOPMENT	Γ, INC.	the Countries	-					
	(Contractor or Subcontract	or)	EXCEPTION (CRAFT) EXPLANATION						
VILLA	GE OF ALBION WATER TANK REPLAC; to	at during the payroll period commencing of	the						
	(Building or Work)	00 OOT 00							
20	day ofOCT, 2024 _, and ending the								
all perso been or	ons employed on said project have been paid the full will be made either directly or indirectly to or on beha	weekly wages earned, that no rebates h alf of said	/e						
	DIEHL DEVELOPMENT,	trom	ne full						
	(Contractor or Subcontractor)	ctor)							
weekly	wages earned by any person and that no deductions	have been made either directly or indirect	Post .						
3 (29 C	e full wages earned by any person, other than permis F.R. Subtitle A), issued by the Secretary of Labor un 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145),	der the Copeland Act, as amended (48 St	. 948,						
12-11-11			_						
			-						
			REMARKS:						
			Other Deduction column is used for Section 125 Cafeteria Deductions.						
correct	That any payrolls otherwise under this contract requent complete; that the wage rates for laborers or me ole wage rates contained in any wage determination in therein for each laborer or mechanic conform with the conformation wit	chanics contained therein are not less the ncorporated into the contract; that the clas	the						
program	That any apprentices employed in the above period in registered with a State apprenticeship agency recog, United States Department of Labor, or if no such results are prenticeship and Training, United States	gnized by the Bureau of Apprenticeship an cognized agency exists in a State, are reg	1.00						
(4)	That:		NAME AND TITLE SIGNATURE						
	(a) WHERE FRINGE BENEFITS ARE PAID TO AI	PPROVED PLANS, FUNDS, OR PROGRA	KEITH DIEHL, PRESIDENT						
	- in addition to the basic hourly wage r	ates paid to each laborer or mechanic lis	d in	-					
	the above referenced payroll, payme have been or will be made to appropri	ents of fringe benefits as listed in the co- ate programs for the benefit of such emplo	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR	R OR ON 231 OF TITLE					
	except as noted in section 4(c) below.								

10/26/2024