CITY OF LAREDO
CONTRACTOR'S APPLICATION FOR PAYMENT

PROJECT: **FY24-ENG-71**
Inner City Park Pool Concrete Columns Repairs – District IV

ESTIMATE NO.:

DATE FROM:
TO:

ORIGINAL CONTRACT:	$ 103,000.00	TOTAL WORK TO DATE:	$98,000.00
CHANGE ORDERS:	- ($ 5,000.00)	MATERIALS ON HAND:	$ 0.00
		10% RETAINAGE:	$ 0.00
TOTAL TO DATE:	$ 98,000.00	PREVIOUS PAYMENTS:	$0.00
% COMPLETE:		AMOUNT DUE:	$ 98,000.00

CERTIFICATE OF CONTRACTOR:
I certify that all items and amounts shown on this request for partial payment are correct and that all work has been performed and/or materials supplied in full in accordance with the requirements on the contract documents.
(CONTRACTOR) By: H Zeyh 10/9/24
Signature Date

Print Name

CERTIFICATE OF FIELD REPRESENTATIVE:
I have checked this request for partial payment against the notes and reports of my inspections of the project and in my opinion the statement of work performed and/or material supplied is accurate and that the contractor is observing the requirements of the contract documents.
(INSPECTOR) By:
Signature Date

Print Name

CERTIFICATE OF ENGINEER:
I certify that I have checked and verified the above and foregoing request for partial payment and that it is a true and correct statement of work performed and/or material supplied by the contractor and that same has been performed and/or supplied in full accordance with the requirements of the contract documents.
(CONSULTANT) By: 10/09/24
Signature Date
VICTOR M. DE AMOA JR.
Print Name

RECOMMENDED FOR PAYMENT: VERIFIED FOR PAYMENT:

Ramon E. Chavez, P.E, City Engineer
DATE:

Eliud De Los Santos, P.E
DATE:

APPROVED FOR PAYMENT: DATE:

Finance Department

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

TO OWNER / CONTRACTOR: PROJECT: *City Pool Concrete Column* APPLICATION NO: *01*

City of Laredo *FY24-ENG-71*

P.O.Box 210

Laredo, TX 78042-0210

Distribution to:
- [X] OWNER
- [ ] ARCHITECT
- [ ] CONTRACTOR

FROM CONTRACTOR: VIA ARCHITECT: *Synergy Structural Engineers*

Epoxy Design Systems

PO Box 19485

Houston, Texas 77224

EDS PROJECT NO: 24036

Vendor # 77612

CONTRACT FY-ENG-71 pool Concrete Column Repair

CONTRACT DATE: *07/22/24*

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM $ 103,000.00
2. Net change by Change Orders $ (5,000.00)
3. CONTRACT SUM TO DATE (Line 1 ± 2) $ 98,000.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) $ 98,000.00
5. RETAINAGE:
   a. 10 % of Completed Work (Column D + E on G703) $ 9,800.00
   b. 0 % of Stored Material (Column F on G703) $ 0
   Total Retainage (Lines 5a + 5b or Total in Column I of G703) $ 9,800.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) $ 88,200.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) $ 0.00
8. CURRENT PAYMENT DUE $ 88,200.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) $ 9,800.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Change order due to allowance not used	$0.00	$5,000.00
Total approved this Month	$0.00	
TOTALS	$0.00	$5,000.00
NET CHANGES by Change Order	($5,000.00)	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Epoxy Design Systems. Inc.

By: [signature] Date: 11/11/24

State of: Texas County of: Harris
Subscribed and sworn to before me this 11th day of Nov 2024
Notary Public: [signature]
My Commission expires:

ANNA K. DE LUNA
My Notary ID # 124301585
Expires September 13, 2026

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED . . . . $ $88,200.00

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: ______________________ Date: ____________

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

TO OWNER / CONTRACTOR: PROJECT: *City Pool Concrete Column* APPLICATION NO: *02*

City of Laredo *FY24-ENG-&!*

P.O.Box 210

Laredo, TX 78042-0210

FROM CONTRACTOR: VIA ARCHITECT: *Synergy Structural Engineers*

Epoxy Design Systems

PO Box 19485

Houston, Texas 77224

CONTRACT FY-ENG-71 pool Concrete Column Repair

EDS PROJECT NO: 24036

Vendor # 77612

CONTRACT DATE: *07/22/24*

Distribution to:

- [X] OWNER
- [ ] ARCHITECT
- [ ] CONTRACTOR
- [ ]
- [ ]

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM $ 103,000.00
2. Net change by Change Orders $ (5,000.00)
3. CONTRACT SUM TO DATE (Line 1 ± 2) $ 98,000.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) $ 98,000.00
5. RETAINAGE:
   a. 10 % of Completed Work (Column D + E on G703) $ 9,800.00
   b. 0 % of Stored Material (Column F on G703) $ 0
   Total Retainage (Lines 5a + 5b or Total in Column I of G703) $ 9,800.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) $ 88,200.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) $ 88,200.00
8. CURRENT PAYMENT DUE $ 9,800.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) $ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Change order due to allowance not used	$0.00	$5,000.00
Total approved this Month	$0.00	
TOTALS	$0.00	$5,000.00
NET CHANGES by Change Order	($5,000.00)	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Epoxy Design Systems. Inc.

By: [signature] Date: 11/11/24

State of: Texas County of: Harris

Subscribed and sworn to before me this 11th day of Nov 2024

Notary Public: [signature]

My Commission expires:

ANNA K. DE LUNA
My Notary ID # 124301585
Expires September 13, 2026

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED . . . . $ $9,800.00

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: ______________________ Date: ______________

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

AIA DOCUMENT G703

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing
Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 1
APPLICATION DATE: 10/01/24
PERIOD TO: 10/1/24
ARCHITECT'S PROJECT NO:

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS APPLICATION (D + E)	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE) 10.00%
1	Mobilization	$ 12,000.00	0	$ 12,000.00	0	$ 12,000.00	100%	$0.00	$1,200.00
2	Epoxy Injection of Columns	$ 33,250.00	$0.00	$ 33,250.00	$0.00	$ 33,250.00	100.00%	$0.00	$3,325.00
3	CFRP Wrap	$ 40,000.00	$0.00	$ 40,000.00	$0.00	$ 40,000.00	100.00%	$0.00	$4,000.00
4	Coating	$ 12,750.00	$0.00	$ 12,750.00	$0.00	$ 12,750.00	100.00%	$0.00	$1,275.00
5	Contingency	$ 5,000.00	$0.00	$ Ø -	$0.00	Ø	0.00%	$5,000.00	$0.00
22									$0.00
23									$0.00
24									$0.00
25									$0.00
CH1									
	GRAND TOTALS	$ 103,000.00	$0.00	$ 98,000.00	$0.00	$ 98,000.00			$9,800.00

EPOXY DESIGN SYSTEMS, INC.

P.O. BOX 19485
HOUSTON, TX 77224-9485

Invoice

DATE	INVOICE NO.
9/30/24	240104

BILL TO

City of Laredo
Attn: Accounts Payable
P.O. Box 210
Laredo, TX 78042-0210

PROJECT SITE

City Pool Column Repair
Vendor #77612
Contact: Enrique Aldape III
PH: 956.790.1800

REP	P.O. NO.	TERMS	CONTRACT NO.	PROJECT
HAT	396337	Net 30		24036 Laredo Pool

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CONCRETE	Inter-city park pool concrete column repairs Email: ealdape@ci.laredo.tx.us egcardona@ci.laredo.tx.us	1	103,000.00	103,000.00

ORIGINAL

Thank you for your business.

Total **$103,000.00**

Balance Due $103,000.00

713-461-8733

U.S. Department of Labor
Wage and Hour Division

PAYROLL

For contractor's optional use; see instructions at dol.gov/agencies/whd/forms/wh347

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

WHD
WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑ Epoxy Design Systems Inc	ADDRESS P.O. Box 19485 Houston, TX 77224	OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
01	09/21/2024	City of Laredo - Inner-City ParkPool Concrete Columns Repairs	P.O. #396337 – Acct#47631185359301

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE S 9/15	M 9/16	T 9/17	W 9/18	T 9/19	F 9/20	S 9/21	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS FICA	WITH-HOLDING TAX			OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
DORSEY, RODDRIC xxx-xx-5069	1	Common Labor	O						10.50	10.00	20.50	$36.30	$1,712.15	$141.08	$249.00				$390.08	$1,454.07
			S		10.00	10.00	10.00	10.00			40.00	24.20	$1,844.15							
FLORES, MIGUEL xxx-xx-0290	2	Concrete Finisher	O					0.50	10.50	10.00	21.00	$47.85	$2,280.85	$181.66	$227.00			$80.29	$488.95	$1,965.90
			S		10.50	10.00	10.00	9.50			40.00	31.90	$2,454.85							
THOMAS, CLIFFORD xxx-xx-6220	3	Common Labor	O						10.50	10.00	20.50	$38.40	$1,811.20	$135.35	$136.00			$170.29	$441.64	$1,369.56
			S		10.00	10.00	10.00	10.00			40.00	25.60	$1,811.20							
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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 "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.

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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 09.27.2024

I, Anna De Luna (Name of Signatory Party) H.R Manger (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Epoxy Design Systems Inc (Contractor or Subcontractor) on the Inner-City Pool, Laredo TX (Building or Work); that during the payroll period commencing on the 15th day of September, 2024, and ending the 21 day of September, 2024, 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 Epoxy Design Systems Inc (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 C.F.R. 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. § 3145), and described below:

Other: Health, Dental, Vision and Child-support (if applicable)

(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 he 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, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Payroll #01

P.O. #396337 – Acct#47631185359301

NAME AND TITLE	SIGNATURE
Anna De Luna H.R Manager	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

For contractor's optional use; see instructions at dol.gov/agencies/whd/forms/wh347

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑
Epoxy Design Systems Inc

ADDRESS P.O. Box 19485
Houston, TX 77224

OMB No. 1235-0008
Expires 09/30/2026

PAYROLL NO. 02

FOR WEEK ENDING 09/27/2024

PROJECT AND LOCATION City of Laredo - Inner-City ParkPool Concrete Columns Repairs

PROJECT OR CONTRACT NO. P.O. #396337 – Acct#47631185359301

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) S 9/22	M 9/23	T 9/24	W 9/25	T 9/25	F 9/26	S 9/27	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	WITH-HOLDING TAX			OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
DORSEY, RODDRIC xxx-xx-5069	1	Common Labor	O							1.50	1.50	$36.30	$1,022.45	$78.22	$85.00				$163.22	$859.23
			S		10.00	4.00		7.50	10.00	8.50	40.00	24.20								
FLORES, MIGUEL xxx-xx-0290	2	Concrete Finisher	O					6.50	10.00		16.50	$47.85	$1,060.67	$149.15	$168.00			$80.29	$397.44	$1,632.56
			S		8.50						8.50	31.90	$2,030.00							
THOMAS, CLIFFORD xxx-xx-6220	3	Common Labor	O						1.50		1.50	$38.40	$889.60	$79.52	$48.00			$170.29	$297.81	$783.79
			S		10.00	4.00		10.00	8.50		32.50	25.60	$1,081.60							
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HOURS WORKED EACH DAY

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 "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.

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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 10.04.2024

I, Anna De Luna, H.R Manger
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Epoxy Design Systems Inc on the
(Contractor or Subcontractor)

Inner-City Pool, Laredo TX ; that during the payroll period commencing on the
(Building or Work)

22nd day of September, 2024, and ending the 28th day of September, 2024,

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

Epoxy Design Systems Inc from the full
(Contractor or Subcontractor)

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 C.F.R. 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. § 3145), and described below:

Other: Health, Dental, Vision and Child-support (if applicable)

(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 he 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, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Payroll #02

P.O. #396337 – Acct#47631185359301

NAME AND TITLE	SIGNATURE
Anna De Luna H.R Manager	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

Project Acceptance Requirements

Items required by The City of Laredo for Acceptance of the Project.

Project Name FY24-ENG-1 Inner City Park Pool Concrete Columns Repair - District IV

Consultant Synergy Structural Engineering

Contractor Epoxy Design Systems, Inc.

Date

REQUIRED ITEMS	SUBMITTED YES	SUBMITTED N/A	RESUBMIT	COMMENTS
Completion of Punch List				
Engineers / Architects Completion Report	X			
Affidavit of Payments of Debts & Claims & Release of Liens from the Contractor.	X			
Warranty Letter from the Contractor to the City of Laredo	X			
Warranty Statement Form	X			
Certificate of Occupancy from Building Development Services		X		
Legal Description & Physical Address		X		
Reproducible Record Drawings		X		
Electronic Record Drawings (CD with PDF files /ACAD)		X		
Final Payment Request	X			
1st Payroll Certified Pay	X			

FORM LETTER FOR ENGINEERING COMPLETION REPORT

DATE:

Mr. Ramon E. Chavez, P.E.,
City Engineer
1110 Houston Street
Laredo, Texas 78040

Re:

Dear Mr. Chavez:

In accordance with the contracts between Epoxy Design Systems, Inc. and The City of Laredo, Webb County, Texas, and pursuant to the specifications in the contract documents, I take this opportunity to file this Completion Report with reference to the above mentioned project as follows:

STATE OF Texas

COUNTY OF Webb

This is to Certify that I, Victor M. De Anda Jr. Registered Professional Engineer, have inspected the work accomplished by Epoxy Design Systems, Inc. and, under contract with The City of Laredo, Webb County, Texas, found that workmanship and materials supplied are in accordance with plans and specifications for said project, and as amended by the "AS-BUILT" drawings.

SIGNED THIS THE 9 th DAY OF October, 2024.

Synergy Structural Engineering, Inc.
Victor M. De Anda Jr., P.E.

STATE OF TEXAS
VICTOR M. DeANDA JR.
92641
LICENSED
PROFESSIONAL ENGINEER

Exp. 09/30/25

P.E. SEAL

10/09/24

Finance Department

AFFIDAVIT OF PAYMENT OF DEBTS AND CLAIMS AND RELEASE OF LIENS

TO: CITY OF LAREDO
WEBB COUNTY, TEXAS

PROJECT:
FY24-ENG-71
Inner City Park Pool Concrete Columns Repairs – District IV

By this instrument the undersigned contractor engaged in the construction of the above project certifies that on this date, or anytime prior thereto, except listed below, contractor has paid in full or has otherwise satisfied all obligations for all materials and for all known indebtedness and claims against the project, its land, improvements and equipment of every kind.

The undersigned hereby certifies that he has received all payments currently due under his contract for work on the project above referred. Therefore, the undersigned does hereby waive and/or release any and all liens against the property, project and as of the 9th day of October, 2023.

Epoxy Design Systems, Inc.
Company Name

STATE OF TEXAS:

COUNTY OF Harris :

Before me, the undersigned authority, on this day personally appeared Hank Taylor, known to me to be the person whose name is subscribed to the foregoing instrument, and being first duly sworn, acknowledge to me that he executed the same for the purposes and consideration therein expressed and declared to me that the statements therein are true.

SWORN AND SUBSCRIBED TO before me this 9th day of October, 2024.

NOTARY PUBLIC
MY COMMISSION EXPIRES:

ANNA K. DE LUNA
My Notary ID # 124301585
Expires September 13, 2026

MATERIALS ON HAND INVENTORY

Project: FY24-ENG-71 Inner City Park Pool Concrete Columns Repairs - District IV

Contractor: Epoxy Design Systems, Inc.

Estimate No. 1 Dates: From 09/16/24 to 09/30/24

No.	Invoice No.	Vendor	Balance Last Period	Received Current	Placed Current	Balance

**No Material On Hand **

FORM LETTER FOR CERTIFICATE OF WARRANTY

DATE:

Mr. Ramon E. Chavez, P.E., City Engineer
City Engineer
City of Laredo
1110 Houston St.
Laredo, Texas 78040

Re:

Dear Mr. Chavez:
Epoxy Design Systems, Inc. guarantees all materials and workmanship on the above referred project to be free of defects for a period of one (1) year from the date of acceptance by the owner. Upon notice, any defective materials or faulty workmanship developing within this period, will be replace at no cost to the owner.

Sincerely,

Epoxy Design Systems, Inc.
Company Name

ACKNOWLEDGEMENT

STATE OF TEXAS

COUNTY OF Harris

Before me, Notary Public for and in Harris County, State of Texas on this personally appeared Hank Taylor known to me to be person(s) whose name(s) subscribed to the foregoing affidavit and acknowledge to me that he executed the same for the purpose and consideration expressed therein.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS 9th DAY OF October, 2024.

ANNA K. DE LUNA
My Notary ID # 124301585
Expires September 13, 2026

Notary Public in and for
Harris County, State of Texas My Commission Expires:

City of Laredo
Warranty Statement Form

Project Information

Name: Intercity Park Pool

Location: 202 W. Plum St., Laredo, TX 78040

Cost: 98,000.00

State Date: 10/09/24

Contract/P.O. #: 396337

Council Acceptance: ____________________

Completion Date: 10/09/24

Contractor/Sub-Contractor/Vendor Information

Name: Epoxy Design Systems, Inc.

Address: P.O. BOX 19485

Contact Number: 713.461.8733

Email Address: hank@epoxydesign.com

Warranty Information

Coverage Type (Detail):

Repairs to six columns

Required Maintenance
(Detail): NONE

Manuals Received (if applicable): N/A

Expiration Date: ____________________

Copies Provided To: ____________________

Warranty Statement

We are the General contractor for the above indicated project. We guarantee out workmanship, equipment and materials to be free from defects for a period of ____________________ from the completion date.

Signature: [signature]

Date: 11/06/24

For Warranty Management Office Use Only:

Entered into Warranty Management Tracker? ____________________ **Entered By** ____________________

Date Entered: ____________________ **Warranty Management Acct # Assigned:** ____________________