APPLICATION AND CERTIFICATE FOR PAYMENT

Invoice #: H25063-04

To Customer: Madison County Wastewater Authority
1239 Highway 51
Madison, MS 39110

Project H25063-

Via Engineer WGK Inc.
204 West Leake Street
Clinton, MS 39056

Application No. JB App #4
Period From: 10/1/2025
Period To: 10/31/2025

Distribution to :
☐ Owner
☐ Engineer
☐ Contractor
☐
☐

From Contracto Hemphill Construction Company, Inc.
PO Drawer 879
1858 Hwy 49 South
Florence, MS 39073

Owner: Madison County Wastewater Authority
301 Distribution Drive
Canton, MS 39046

External Contract No. N/A

Contract Date: 5/13/2025

Application Date: 11/3/2025

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. Original Contract Sum	$1,398,500.00
2. Net Change By Change Order	$0.00
3. Contract Sum To Date	$1,398,500.00
4. Work Completed To Date	$1,341,918.88
5. Stored Materials Inventory	$55,562.85
6. Total Completed and Stored To Date	$1,397,481.73
7. Retainage	
a. Maximum Retainage is in effect.	
b. Securities are furnished in lieu of Retainage.	$40,000.00
c. Retainage on Work Completed to Date 2.50 %	$33,547.97
d. Retainage on Stored Materials Inventory 2.50 %	$1,389.07
e. Total Calculated Retainage	$34,937.04
f. Total Retainage To Be Withheld	$0.00
8. Total Earned Less Retainage	$1,397,481.73
9. Less Previous Certificates For Payments	$1,202,376.73
10. Current Payment Due	$195,105.00
11. Balance to Finish, Plus Retainage.	$1,018.27

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	$0.00	$0.00
Total Approved this Month	$0.00	$0.00
TOTALS	$0.00	$0.00
Net Changes By Change Order	**$0.00**	

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: Hemphill Construction Company, Inc.

By: _____ Date: 11/3/2025

State of: Mississippi County of: Simpson

Subscribed and sworn to before me this 3rd day of November 2025

Notary Public: _____

My Commission expires: 6-15-2029

STATE OF MISSISSIPPI NOTARY PUBLIC ID# 122576 SAMANTHA BROWN Commission Expires June 15, 2029 SIMPSON COUNTY

ENGINEER'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Engineer certifies to the Owner that to the best of the Engineer'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 **$195,105.00**

(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.)

ENGINEER: **OWNER:**

By: _____ Date: 11/14/2025 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

Application and Certification for Payment, containing
Engineer's signed certification is attached.
Tabulations below.

Application No. : JB App #4
Application Date : 11/03/25
Period From: 10/01/25
Period To: 10/31/25
External Contract No.:

Invoice # : H25063-04

Contract : H25063-

Item No.	Description of Item	Contract U of M	Units	Cost Per Unit	Total Cost Of Contract	Previous Quantity	Current Quantity	To Date Quantity	Previous Cost	Current Cost	Stored Materials	Total Completed and Stored	Balance to Finish	Percent Complete
10	Mobilization	LS	1.00	$22,250.00	$22,250.00	1.00	0.00	1.00	$22,250.00	$0.00	0.00	$22,250.00	$0.00	100.00%
20	Bypass Pumping Mobilization & Demobilization	LS	1.00	$90,330.00	$90,330.00	0.50	0.50	1.00	$45,165.00	$45,165.00	0.00	$90,330.00	$0.00	100.00%
30	Cleaning, Debris Removal & Disposal, & Removal of 6 Existing	LS	1.00	$88,200.00	$88,200.00	1.00	0.00	1.00	$88,200.00	$0.00	0.00	$88,200.00	$0.00	100.00%
40	Prepare Wall Pipe Surface, Protect Mating Faces, and Apply E	EA	6.00	$860.00	$5,160.00	0.00	0.00	0.00	$0.00	$0.00	0.00	$0.00	$5,160.00	0.00%
50	Sandblast Concrete & Rebar & Prime Coat Rebar	LS	1.00	$180,000.00	$180,000.00	1.00	0.00	1.00	$180,000.00	$0.00	0.00	$180,000.00	$0.00	100.00%
60	pH Test and Prepare Concrete for Restoration	LS	1.00	$500.00	$500.00	1.00	0.00	1.00	$500.00	$0.00	0.00	$500.00	$0.00	100.00%
70	Apply Cementitious or Epoxy Mastic Material to Restore Cover	CF	580.00	$422.00	$244,760.00	870.00	0.00	870.00	$367,140.00	$0.00	0.00	$367,140.00	$-122,380.00	150.00%
80	Prepare Concrete Surface & Apply Epoxy Coatings	SF	7,650.00	$20.00	$153,000.00	0.00	7,497.00	7,497.00	$0.00	$149,940.00	0.00	$149,940.00	$3,060.00	98.00%
90	Test for and Correct Holidays	LS	1.00	$5,000.00	$5,000.00	0.00	0.00	0.00	$0.00	$0.00	0.00	$0.00	$5,000.00	0.00%
100	Supply New Lined & Coated Riser Pipes and Fittings	SHT	3.00	$23,800.00	$71,400.00	0.00	0.00	0.00	$0.00	$0.00	55,562.85	$55,562.85	$15,837.15	0.00%
110	Surface Prep & Recoat Roser Pipes and Fittings	SHT	3.00	$4,600.00	$13,800.00	0.00	0.00	0.00	$0.00	$0.00	0.00	$0.00	$13,800.00	0.00%
120	Install Riser Pipes and Fittings and Pipe Supports and Guide	SHT	6.00	$2,800.00	$16,800.00	0.00	0.00	0.00	$0.00	$0.00	0.00	$0.00	$16,800.00	0.00%
130	Bypass Pumping Rental & Operation	LS	1.00	$410,000.00	$410,000.00	0.88	0.00	0.88	$360,800.00	$0.00	0.00	$360,800.00	$49,200.00	88.00%
140	Bypass Pumping Fuel	GAL	7,200.00	$3.75	$27,000.00	6,335.70	0.00	6,335.70	$23,758.88	$0.00	0.00	$23,758.88	$3,241.12	88.00%
150	Reinstall Trash Basket Rails & Baskets	LS	1.00	$1,900.00	$1,900.00	0.00	0.00	0.00	$0.00	$0.00	0.00	$0.00	$1,900.00	0.00%
160	Supply & Install 3 New Slice Gates w/ Operating Rods & Floor	LS	1.00	$59,000.00	$59,000.00	1.00	0.00	1.00	$59,000.00	$0.00	0.00	$59,000.00	$0.00	100.00%
170	Supply & Replace 2 Ventilation Fans for Wetwells	LS	1.00	$9,400.00	$9,400.00	0.00	0.00	0.00	$0.00	$0.00	0.00	$0.00	$9,400.00	0.00%
	Grand Totals				**$1,398,500.00**				**$1,146,813.88**	**$195,105.00**	**$55,562.85**	**$1,397,481.73**	**$1,018.27**	**99.93%**

MCWI Engineer's Certification Form
Reimbursement Request

MCWI Subgrantee Name: MADISON COUNTY

MCWI Subgrant Agreement Number: 580-2-CW-5.5

MCWI Reimbursement Request Number: 3

Contractor/Supplier Name: HEMPHILL CONSTRUCTION COMPANY

Contract Identifier (Number or Description): CONTRACT 1 - NISSAN Pump Station Improvements

Invoice/Payment Application Number(s): H25063-04

I certify, to the best of my knowledge and belief, that all items and amounts shown in the above referenced invoice(s)/payment application(s) are correct, that all work has been performed and/or material supplied in compliance with the approved Plans and Specifications and is accurate, that all required permits have been obtained from the appropriate authorities, and that all work has been performed in compliance with these permits.

Engineer's Signature:  Date: 11/17/2025

Print Name: Greg Gearhart

MCWI Reimbursement Request Certification Form

This form must be completed and uploaded each time a reimbursement request is submitted. The form must be signed by the **Authorized Representative** for the Subrecipient.

For the purposes of this form **Authorized Representative** is defined as the Mayor of a Municipality, the President of a County Board of Supervisors, or an Officer of a Public Utility.

I, Gerald Steen, certify that I am the authorized representative for MADISON COUNTY and have the legal authority to oversee the submission of this reimbursement request.

MCWI Subrecipient Name: MADISON COUNTY

MCWI Subaward Agreement Number: 580-2-CW-5.5

MCWI Reimbursement Request Number: 3

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

I certify that this/these expenditure(s) comply(ies) with the guidelines, guidance, rules, regulations and/or other criteria, as may be amended from time to time, of the United States Department of the Treasury regarding the use of monies from the Coronavirus State Fiscal Recovery fund established by ARPA.

I certify that all costs associated with the project, including any and all change orders, are necessary, reasonable, and allocable. All changes orders are within the scope of the contract and MCWI subaward, properly documented, approved, and conform to all applicable federal, state, and local requirements.

_____

Authorized Representative Signature

_____

Print Name

_____

Date