LONGO ELECTRICAL-MECHANICAL, INC.

Industrial Electrical and Mechanical Service and Sales Specialists

ENGINEERS • REBUILDERS • DISTRIBUTORS

ORIGINAL INVOICE

**** NEW ****
Please remit checks to:
PO Box 511
Wharton, NJ 07885-0511

FED. I.D. # 22-1621596

829 E. 144th ST.
BRONX, NY 10454
Phone (718) 585-5330
Fax (718) 585-5337

ONE HARRY SHUPE BLVD.
P.O. BOX 511
WHARTON, NJ 07885
Phone (973) 537-0400
Fax (973) 537-0494

1625 PENNSYLVANIA AVE.
LINDEN, NJ 07036
Phone (908) 925-2900
Fax (908) 925-9427

Fax (215) 638-1366

BILL TO: 009972
MIDDLESEX, COUNTY OF
75 BAYARD ST
NEW BRUNSWICK, NJ 08901

SHIP TO: ALVIN P WILLIAMS PARK
CLIFF RD & DEBRA ST
SEWARREN NJ
LARRY 732-585-8399

DATE	CUSTOMER ORDER NO.	JOB TICKET NO.	INVOICE NO.
09/16/20	CONTRACT	02041100	020411

SHIPMENT NO. 020411
DATE SHIPPED:
SALESPERSON: T0G
TERMS: NET 30
HP/KW:
RPM:
MFG:
PH/HZ:
VOLTS:
AMPS:
FRAME:
SERIAL NO:
MOD/TYPE:
DESCRIPTION:

ORDER	SHIP	B/O	DESCRIPTION	UNIT	TOTAL
			TROUBLESHOOT, DIAGNOSE PUMP;		
			DISCONNECT MOTOR AND REMOVE TO SERVICE CENTER FOR REPAIR; RETURN MOTOR FROM SERVICE CENTER, CONNECT AND PERFORM ALIGNMENT		
			8/14/2020 16 HRS X 150.00		2400.00
			9/09/2020 10 HRS X 150.00		1500.00
				** TOTAL	3900.00

CELEBRATING 75 Years SERVICE THROUGH KNOWLEDGE

** NET 3900.00

SALES TAX	
TOTAL AMOUNT OF INVOICE	3900.00

SUBJECT TO TERMS & CONDITIONS ON REVERSE SIDE

We hereby certify that these goods were produced in compliance with all applicable requirements of Section 6, 7 and 12 of the Fair Labor Standards Act, as amended, and of regulations and orders of the United States Department of Labor issued under Section 14 thereof.

ORIGINAL INVOICE

CSFJML950102.1

LONGO Electrical-Mechanical, Inc.

ON-SITE DAILY TIME SHEET

CUSTOMER: Alvin P Williams JOB SITE: DATE: 8/14/20

P.O. NO. SERVICE ORDER NO.: 020411 SHIFT:

	NAME	TRADE	TIME IN	TIME OUT	HOURS WORKED S.T.	O.T.	D.T.
1	J.C. Oliveros		7AM	330			
2	Andrew Watson		7A	330			
3							
4							
5							
6							
7							
8							
9							
10							
TOTAL HOURS	Lunch Authorized:		Yes ☐	No ☐			

WORK DESCRIPTION
Removed Motor #2 For Repair

MATERIALS / EQUIPMENT	
QTY.	ITEM DESCRIPTION

Approved by: FOR CUSTOMER Date: 8/14/20

CSFJML080912.1

LONGO Electrical-Mechanical, Inc.

ON-SITE DAILY TIME SHEET

CUSTOMER: MIDDLESEX COUNTY JOB SITE: ALLEN PARK DATE: 9/9/2020

P.O. NO. SERVICE ORDER NO.: 020411 SHIFT: DAY

	NAME	TRADE	TIME IN	TIME OUT	HOURS WORKED S.T.	O.T.	D.T.
1	MICHAEL AYALA	LF/S	0600	1100	5.0		
2	ANDREW WATSON	F/S	0600	1100	5.0		
3							
4							
5							
6							
7							
8							
9							
10							
TOTAL HOURS	Lunch Authorized:		Yes ☐	No ☐	10.0		

WORK DESCRIPTION
INSTALL NEW MOTOR ON SEWER EJECTOR

MATERIALS / EQUIPMENT	
QTY.	ITEM DESCRIPTION

Approved by: X _____ FOR CUSTOMER Date: 9/9/2020

CSFJML0809/12.1

LONGO

ON-SITE SERVICES

Removal • Installation • Rigging • Alignment
Balancing • Machining

Electric Motors, Generators, Pumps, Air Handlers
Gearboxes, Clutches, Brakes

N.J. STATE LIC. & B.P. #7755
FED. ID #22-1621596

1625 PENNSYLVANIA AVE. • P.O. BOX 1397 • LINDEN, NJ 07036-1397
(908) 925-2900 • FAX (908) 925-9427 • E-MAIL linden@eLONGO.com

020411

☐ CHG ☐ QTD ☐ CSH ☐ WC

						T
						R
						P

071457

CUSTOMER # _____ SHOP # 023257 DATE REC'D _____

P.O. NUMBER _____ DATE SCH'D _____ COMP _____

CUSTOMER NAME Middlesex County JOB SITE ALVIN P. WILLIAMS PARK CLIFF RD & DEBRA ST SEWAREN

REQUESTED BY LARRY / TOM

CUSTOMER PHONE _____ SITE PHONE (cell) 732-585-8399

CUSTOMER FAX _____ SITE CONTACT LARRY

EQUIPMENT:
- ☐ A-FRAME SM LG
- ☐ BAL-PAC
- ☒ CONFINED SPACE
- ☐ HIPOT
- ☐ CRANE TRUCK
- ☐ LASER
- ☐ DOLLEY
- ☐ CUTTSFORTH
- ☐ MICRO-LOG
- ☐ FAN PARTS (JOY/FLAKT)
- ☒ TAIPOO

WORK REQ'D:
- ☐ TROUBLESHOOTING
- ☒ REMOVAL
- ☐ BALANCE
- ☒ INSTALL
- ☐ PM
- ☐ ALIGNMENT

REASON: _____

EQUIPMENT DESCRIPTION: 020411 / 023257

MANUFACTURER: _____

MODEL #: _____

SERIAL #: _____

CUSTOMER DESIGNATION: _____

REPORT: 8-14-20 - AW-JD - check Motors & pump ticket 071457
Remove Pump Motor

9/9/2020 ARRIVED ON SITE CALLED CUSTOMER LET US IN @ 0800 CHANGED NEW MOTOR TO 230 1PH INSTALLED MECH & ELEC WATCHED CYCLE 2 TIMES OK CLEANED UP.

SIGNATURE X _____ DATE 9/9/2020

We truly appreciate this opportunity to be of service!

CSFJML000424L

OFFICE

LONGO

ON-SITE SERVICES

Removal • Installation • Rigging • Alignment
Balancing • Machining

Electric Motors, Generators, Pumps, Air Handlers
Gearboxes, Clutches, Brakes

04154

☐CHG ☐QTD ☐CSH ☐WC

						T
						R
						P

N.J. STATE LIC. & B.P. #7755
FED. ID #22-1621596

DATE REC'D _____ A/C NUMBER _____ SHOP # _____

DATE SCH'D _____ COMP _____ P.O. NUMBER _____

BILL TO Alvin P William Park

JOB SITE Debra St AND CLIFF ROAD SEAWARREN NJ

REQUESTED BY Larry

PHONE 732 585-8399 PHONE _____

FAX _____ CONTACT _____

WORK DONE:

Motor #2 keep Triping Controls. Removed Motor for Repair Checked. Pump #1 And Motor Runs good And Check Pump #2 it's work good. Motor is 230 volts / 19 Amps

Motor #2 Amp were 22 Amp under LOAD. Found That the LOAD wires were Loose on the Motor

CUSTOMER SIGNATURE: _____ DATE: 8/14/20

OFFICE COPY

We truly appreciate this opportunity to be of service!

CSFJML000424.1A

SUBMIT form by email
equalpayact@dol.nj.gov
IMPORTANT : For purposes of law, you must also submit this form to the appropriate public body or lessor.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

for Contractor and Subcontractor's Weekly and Final Certification

AGENCY
COUNTY OF MIDDLESEX

NAME OF C0NTRACTOR/SUBCONTRACTOR	ADDRESS	PHONE No.	PAYROLL NO.
LONGO ELECTRICAL MECHANICAL INC.	1 HARRY SHUPE BLVD., P O BOX 511, WHARTON, NJ 07885	973-537-0400	

CONTRACT REG. No.	JOB CODE	WEEK ENDING - DATE	(3) DEMOGRAPHICS	PROJECT NAME & LOCATION	F.E.I.D. No.
20-002		8/16/2020		PREVENTIVE MAINTENANCE & REPAIR SERVICES TO VARIOUS LIFT STATIONS, PUMPS AND MOTORS	22-1621596

(1) NAME ADDRESS SOCIAL SECURITY No.	(2)WORK CLASSIFICATION / OCCUPATIONAL CATEGORY	SEX M=Male F=Fem X=Non-Binary	RACE See Key	TIME	(4) DAY AND DATE / HOURS WORKED EACH DAY M 8/10	TU 8/11	WED 8/12	TH 8/13	F 8/14	S 8/15	SU 8/16	(5) TOTAL HOURS	(6) BASE RATE OF PAY PER HOUR	(7) GROSS AMOUNT EARNED THIS PROJECT	THIS WEEK	(8) DEDUCTIONS FICA	FED TAX	STATE TAX	MED	OTHER	TOTAL DEDUCTS	(9) NET WAGES PAID FOR WEEK	(10) TOTAL FRINGES COST/HR
Andrew Watson 3941 PO Box 220182	J MILL FOREMAN A	M	B	RT					8.00			8.00	59.32	474.56	1,364.43	86.97	125.88	53.66	222.45	47.02	535.98	828.45	35.01
Rosedale, NY 11422	H			OT								0.00	88.98										
	J A			RT								0.00		-							0.00	-	
	H			OT								0.00	0.00										
	J A			RT								0.00		-							0.00	-	
	H			OT								0.00	0.00										
	J A			RT								0.00		-							0.00	-	
	H			OT								0.00	0.00										
	J A			RT								0.00		-							0.00	-	
	H			OT								0.00	0.00										
	J A			RT								0.00		-							0.00	-	
	H			OT								0.00	0.00										
	J A			RT								0.00		-							0.00	-	
	H			OT								0.00	0.00										
	J A			RT								0.00		-							0.00	-	
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	J A			RT								0.00		-							0.00	-	
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	J A			RT								0.00		-							0.00	-	
	H			OT								0.00	0.00										
	J A			RT								0.00		-							0.00	-	
	H			OT								0.00	0.00										

KEY: W=White; B=Black or African American; A=Asian; N=American Indian or Native Alaskan; I=Native Hawaiian or Pacific Islander; M=2 or More

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise this payment of the persons employed by LONGO ELECTRICAL MECHANICAL INC (Contractor or Subcontractor) on the PREVENTIVE MAINTENANCE & REPAIR SERVICES TO VARIOUS LIFT STATIONS, PUMPS COUNTY OF MIDDLESEX (Project Name & Location) that during the payroll period beginning on (date) 8/10/2020 on (date) 8/16/2020 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 the aforenamed 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 the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under the 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 laboreror mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified. apprenticeship program

(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 have been or will be made when due to appropriate programs for the benefit of such employees, as noted in Section 4c at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

[X] Each laborer or mechanic listed in the above-reference 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 4c at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 - The Public Works employers shall submit to the public body of lessor a certified payroll record each pay period within 10 days of the payment of wages.

[X] By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name: *Joseph M Longo*

Title: President Date: 8/18/2020

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINALPROSECUTION. ~N.J.S.A. 34:11-56.25 ET SEQ

4c Benefit Program Inforamation in AMOUNT CONTRIBUTED PER HOUR (Must be complete if 4(a) is checked)

To calculate the cost per hour, divide 2,000 hours in to the benefit cost per year per employee.

Program Title, Classification Title or Individual Worker	Health/ Welfare	Vacation/ Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g. training, l/t disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

SUBMIT form by email
equalpayact@dol.nj.gov
IMPORTANT : For purposes of law, you must also submit this form to the appropriate public body or lessor.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

for Contractor and Subcontractor's Weekly and Final Certification

AGENCY: COUNTY OF MIDDLESEX							
NAME OF C0NTRACTOR/SUBCONTRACTOR: LONGO ELECTRICAL MECHANICAL INC.			ADDRESS: 1 HARRY SHUPE BLVD., P O BOX 511, WHARTON, NJ 07885			PHONE No.: 973-537-0400	PAYROLL NO.:
CONTRACT REG. No.: 20-002	JOB CODE:	WEEK ENDING - DATE: 8/16/2020	(3) DEMOGRAPHICS	PROJECT NAME & LOCATION: PREVENTIVE MAINTENANCE & REPAIR SERVICES TO VARIOUS LIFT STATIONS, PUMPS AND MOTORS			F.E.I.D. No.: 22-1621596

(1) NAME ADDRESS SOCIAL SECURITY No.	(2)WORK CLASSIFICATION / OCCUPATIONAL CATEGORY	SEX M=Male F=Fem X=Non-Binary	RACE See Key	TIME	(4) DAY AND DATE / HOURS WORKED EACH DAY M 8/10	TU 8/11	WED 8/12	TH 8/13	F 8/14	S 8/15	SU 8/16	(5) TOTAL HOURS	(6) BASE RATE OF PAY PER HOUR	(7) GROSS AMOUNT EARNED THIS PROJECT	THIS WEEK	(8) DEDUCTIONS FICA	FED TAX	STATE TAX	MED	OTHER	TOTAL DEDUCTS	(9) NET WAGES PAID FOR WEEK	(10) TOTAL FRINGES COST/HR
Juan Carlos Oliveras 3904	J MILLWRIGHT			RT					8.00			8.00	51.58	412.64	1,646.39	118.31	134.04	69.47	117.90	95.95	535.67	1,110.72	30.52
176 Merselis Avenue	A	M	M																				
Clifton, NJ 07011	H			OT								0.00	77.37										
	J			RT								0.00		-							0.00	-	
	A																						
	H			OT								0.00	0.00										
	J			RT								0.00		-							0.00	-	
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	H			OT								0.00	0.00										

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(2) That any payrolls otherwise under the 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 laboreror mechanic conform with the work he performed.

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for Contractor and Subcontractor's Weekly and Final Certification

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LONGO ELECTRICAL MECHANICAL INC.	1 HARRY SHUPE BLVD., P O BOX 511, WHARTON, NJ 07885	973-537-0400	

CONTRACT REG. No.	JOB CODE	WEEK ENDING - DATE	(3) DEMOGRAPHICS	PROJECT NAME & LOCATION	F.E.I.D. No.
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(1) NAME ADDRESS SOCIAL SECURITY No.	(2)WORK CLASSIFICATION / OCCUPATIONAL CATEGORY	SEX M=Male F=Fem X=Non-Binary	RACE See Key	TIME	(4) DAY AND DATE / HOURS WORKED EACH DAY M 9/7	TU 9/8	WED 9/9	TH 9/10	F 9/11	S 9/12	SU 9/13	(5) TOTAL HOURS	(6) BASE RATE OF PAY PER HOUR	(7) GROSS AMOUNT EARNED THIS PROJECT	THIS WEEK	(8) DEDUCTIONS FICA	FED TAX	STATE TAX	MED	OTHER	TOTAL DEDUCTS	(9) NET WAGES PAID FOR WEEK	(10) TOTAL FRINGES COST/HR
Miguel Ayala 7509	J MILL FOREMAN			RT			5.00					5.00	59.32	296.60	4,319.00	307.23	636.34	212.21	313.47	419.51	1888.76	2,430.24	35.01
254 Austin Ave	A	M	M																				
Old Bridge, NJ 08857	H			OT								0.00	88.98										
Andrew Watson 3941	J MILLWRIGHT			RT			5.00					5.00	51.58	257.90	2,049.06	139.35	271.98	101.78	222.45	67.55	803.11	1,245.95	30.52
PO Box 220182	A	M	B																				
Rosedale, NY 11422	H			OT								0.00	77.37										
	J			RT								0.00		-							0.00	-	
	A																						
	H			OT								0.00	0.00										
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I, the undersigned, do hereby state and certify:

(1) That I pay or supervise this payment of the persons employed by
LONGO ELECTRICAL MECHANICAL INC
(Contractor or Subcontractor)
on the PREVENTIVE MAINTENANCE & REPAIR SERVICES TO VARIOUS LIFT STATIONS, PUMPS
COUNTY OF MIDDLESEX that during the payroll period
(Project Name & Location)
beginning on (date) 9/7/2020 on (date) 9/13/2020 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 the aforenamed 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 the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

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(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
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(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
[X] Each laborer or mechanic listed in the above-reference 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 4c at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 - The Public Works employers shall submit to the public body of lessor a certified payroll record each pay period within 10 days of the payment of wages.

[X] By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name: *Joseph M Longo*

Title: President Date: 9/15/2020

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINALPROSECUTION. ~N.J.S.A. 34:11-56.25 ET SEQ

4c Benefit Program Inforamation in AMOUNT CONTRIBUTED PER HOUR (Must be complete if 4(a) is checked)

To calculate the cost per hour, divide 2,000 hours in to the benefit cost per year per employee.

Program Title, Classification Title or Individual Worker	Health/ Welfare	Vacation/ Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g. training, l/t disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person