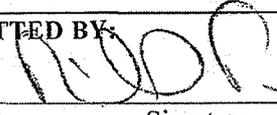


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 7/1/2011 to 6/30/2012
(mm/dd/yyyy) (mm/dd/yyyy)

| | | |
|---|---|-------------------------|
| 1. Name of Labor Compliance Program (LCP) : Caruthers Community Services District | | |
| 2. LCP I.D. Number (assigned by DIR): 2011-00787 | 3. Date of Initial Approval: 9/1/2011 | |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Richard Perez, Labor Compliance Manager Labor Consultants of California P. O. Box 1875 Hanford, CA. 93232 | | |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input checked="" type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input type="checkbox"/> No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102 | | |
| What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary) | | |
| SUBMITTED BY:  Signature | Richard Perez, Labor Compliance Manager Name and Title | August 31, 2012 Date |

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6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

| Project Name | Bid Advertisement Date | Prime Contractor | Contract Amount |
|-----------------------------|------------------------|---------------------------|-----------------|
| Caruthers Test Well Project | (requested) | Myers Bros. Well Drilling | (requested) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

B. Summary of all wages and penalties assessed and/or recovered.

| Project Name | Affected Contractor (who directly employed the worker) | Amount Assessed | Amount Recovered | Approval of Forfeiture Requested from Labor Commissioner? | Description of Violation |
|---------------------|---|-----------------|------------------|---|--------------------------|
| Caruthers Test Well | Myers Bros. Well Drilling, Inc. | 335.16 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Night differential rate |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Total | | | | | |

LCP-AR1

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

| Project Name | Amount Assessed | Amount Recovered | Explanation |
|----------------------------|-----------------|------------------|--|
| No penalties were assessed | | | The contractor paid the wages due in item B upon request |
| | | | |
| | | | |
| Total | | | |

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

| Project Name | Amount Assessed | | | | | Amount Recovered | | | | |
|--------------|-----------------|-----------|-----------|-------|-------|------------------|-----------|-----------|-------|-------|
| | LC §1776(g) | LC § 1775 | LC § 1813 | Wages | Total | LC § 1776(g) | LC § 1775 | LC § 1813 | Wages | Total |
| None | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | |

E. Identify cases that are or were the subject of LC § 1742 proceedings.

| Project Name | Contractor | Nature of Violation | ODL Case # | Current Status |
|--------------|------------|---------------------|------------|----------------|
| None | | | | |
| | | | | |
| | | | | |

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: Yes No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one: Yes No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____