



**LCP-ARI**

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
Meamber Tailwater Reuse Improvements	10/9/2012	Timberworks	\$37,355.00
Ditch Maintenance	2/5/2013	North Rivers Construction	\$47,250.00
Root Stockwater	4/29/2013	North Rivers Construction	\$14,914.25
Novy-Root Fence		North Rivers Construction	\$5,400.00
Project Total - 4			\$104,919.25

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
Meamber Tailwater Reuse Improvements	Timberworks	\$17.13	\$17.13	No	Underpayment
Total - 1		\$17.13	\$17.13		

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
Meamber Tailwater Reuse Improvements	\$17.13	\$17.13	Resolved Independently
Total - 1	\$17.13	\$17.13	NA

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
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
NA	NA	NA	NA	NA

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: \_\_\_\_\_