

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 July 1, 2013 to June 30, 2014

RECEIVED

AUG 14 2014

Department of Industrial Relations  
Office of the Director

1. Name of Labor Compliance Program (LCP) : Humboldt Bay Municipal Water District		
2. LCP I.D. Number (assigned by DIR): 2013.01205	3. Date of Initial Approval: 10/21/13	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): John Freidenbach, Business Manager 828 7 <sup>th</sup> Street Eureka, CA 95501 Phone: 707-443-5018 Fax: 707-443-5731 email: friedenbach@hbmwd.com		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" type="checkbox"/> No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 1515 Clay Street 17 <sup>th</sup> Floor, Oakland CA 94612		
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: Carol Rische Signature Name and Title Date 8/8/14		