

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

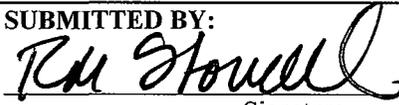
Suggested Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))

Report for the reporting period 07/01/2014 to 06/30/2015
(mm/dd/yyyy) (mm/dd/yyyy)

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Department of Industrial Relations
Office of the Director

1. Name of Labor Compliance Program (LCP) : Lake of the Woods Mutual Water Company		
3. Date of Initial Approval:	9/9/14	
2. LCP I.D. Number (assigned by DIR):	2014.00244	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Robert Stowell , President 7025 Cuddy Valley Rd. #F Frazier Park, CA 93225 (661) 245-1448 Office (661)245-4402 Fax lowh2o@frazmtn.com Email		
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, 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) Please make this form INTERACTIVE like the DAS-140 form so it will be easier to use. Thank you.		
SUBMITTED BY:		
	Robert Stowell , President	8.27.15
Signature	Name and Title	Date

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
N/A			
Total			

B. List any project subject to the limited exemption clause of LC § 1771.5(a), if applicable.

Project Name	Description of Project	Contract Amount
N/A		
Total		

C. 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
N/A					
Total					

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

Project Name	Amount Assessed	Amount Recovered	Explanation
N/A			
Total			

E. For any amount identified in item C 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
N/A										
Total										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
N/A				

G. 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:

H. 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:
