

**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))*

*SWX*

**RECEIVED**

**AUG 31 2015**

Department of Industrial Relations  
Office of the Director

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

1. Name of Labor Compliance Program (LCP) : **Long Canyon Water Company**

3. Date of Initial Approval: **08/20/2013**

2. LCP I.D. Number (assigned by DIR): **2013.01185**

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

**Long Canyon Water Company**

**David Prince, President**

**7908 Calle Torcido**

**Bakersfield CA, 93309**

**(661) 345-6603 Office (661) 831-4701 Fax bprince@princefinancial.com Email**

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one:  **YES** If Yes, proceed to item 6 on the next page

**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:**

*David Prince*  
Signature

David Prince, President  
Name and Title

8/25/15  
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			
<b>Total</b>			

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		
<b>Total</b>		

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					
<b>Total</b>					

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			
<b>Total</b>			

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										
<b>Total</b>										

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:

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**Subject:** RE: 2014-2015 Annual LCP Report to DIR- Due August 30th

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**From:** Charla Curtis (charlac@1csainc.com)

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**To:** bprince@princefinancial.com;

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**Cc:** CSkaggs@djacivil.com;

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**Date:** Tuesday, August 25, 2015 4:45 PM

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Hello Mr. Prince,

Please see attached annual LCP report to DIR for fiscal year 2014-2015.

Please review, sign, print and mail (with delivery confirmation) by August 29<sup>th</sup> to the following address:

**DIR, Office of the Director**

**Attn: LCP Special Assistant,**

**455 Golden Gate Avenue, 10th Floor**

**San Francisco CA 94102**

Thank you,

**Charla Curtis**

CS & Associates, Inc.

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