

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

SEP 01 2015

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

Department of Industrial Relations
Office of the Director

1. Name of Labor Compliance Program (LCP): **Vaughn Mutual Water Company**

3. Date of Initial Approval: March 7, 2014

2. LCP I.D. Number (assigned by DIR): 2013.01219

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

Vaughn Mutual Water Company

Van Grayer, General Manager

10014 Glenn St.

Bakersfield, CA 93314

(661) 589-2931 Office N/A Fax van@vaughnwater.org Email

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

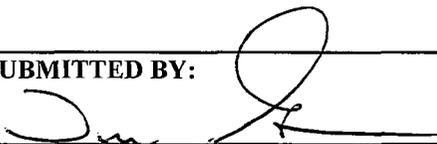
Please check one: YES If Yes, proceed to item 6 on the next page

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:



Signature

Van Grayer, General Manager

Name and Title

8-28-2015

Date

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and *please complete separate forms for each Awarding Body covered in this report*).

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

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Vaughn Water Company-Regional Consolidation	2/27/2013	Becka Construction and Kelifielder	\$498,000.00
Total			\$498,000.00

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
N/A					
Total					

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
N/A			
Total			

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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
N/A										
Total										

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

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

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: