

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period 06/30/2013 to 06/30/2014  
(mm/dd/yyyy) (mm/dd/yyyy)

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JUL 07 2014

DEPT. OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

1. Name of Labor Compliance Program (LCP) : Fluoride Mitigation Project for Pinon Pines Mutual Water Company	
2. LCP I.D. Number (assigned by DIR): N/A	3. Date of Initial Approval:
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Lee Benda Water Board President 1001 Coldwater Drive Frazier Park, CA 93225	
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)	

**LCP-AR2**

**SUBMITTED BY:**

  
Signature

Lee Benda, Water Board President

Name and Title

06/30/2014

Date