## 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 07/01/2015 to 06/30/2016

### 1. Name of Labor Compliance Program (LCP):

**NORTH MARIN WATER DISTRICT**

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

2012.01133

### 3. Date of Initial Approval:

October 5, 2012

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

**David Jackson**

999 Rush Creek Place

Novato, CA 94945

Phone: (415) 897-4133 x8490  Fax: (415) 892-8043

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

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)

### SUBMITTED BY:

**DAVID JACKSON, ASSOCIATE ENGINEER**

[Signature]  [Name and Title]  [Date]

7/26/16