**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 **07/01/2017** to **06/30/2018**

---

1. **Name of Labor Compliance Program (LCP):** NAPA SANITATION DISTRICT

2. **LCP I.D. Number (assigned by DIR):** 2013.01174

3. **Date of Initial Approval:** AUGUST 20, 2013

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

   **DONELL MANNOR**  
   **1515 SOSCOL FERRY RD**  
   **NAPA, CA 94558**  
   **PH: 707-258-6000  FAX: 707-258-6048**

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

   Please check one:  
   - [ ] Yes  
   - [x] 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:**

**DONELL MANNOR, ACCOUNTANT**  
**Signature**  
**Name and Title**  
**Date:** 8/2/18