

Project Labor Agreement Pre-Job Conference Form

General Contractor Information				
Prime Contractor: Blue Pacific	Prime Contractor: Blue Pacific			
Address: 8825 Aero Dr. San Diego, CA 92123				
Phone: 858.956.1456				
Email: omar@bluepacificeng.com	nail: omar@bluepacificeng.com Fax:			
Prime Contractor's License Number: 824455				
DBE Status: ☐ Yes ☒ No	DBE	E Certifying Agency:		
		ce Meeting Information		
Date & Time: Wednesday September 4th 2024, 1 F	PM			
Location: Microsoft teams				
	Projec	ct Information		
Project Name: PQPS Oxygenation System				
Project Address:10150 Cara Way, San Diego, CA	92123	3		
Contract No:K-23-2080-DBB-3		Contract Award Amount: \$4,391,787.00		
Estimated Start Date: May 2024		Estimated End Date: May 2025		
Project Description:				
The Penasquitos Pump Station (PQPS) is among the larger wastewater pump stations in the City's collection system. It is located at 10150 Cara Way, just east of Interstate 15 at Mercy Road. Septic Wastewater from the PQPS has been linked to the poor performance of the processes at the North City Water Reclamation Plant (NCWRP). The addition of high-purity oxygen can effectively prevent septicity by increasing the dissolved oxygen concentration in the wastewater and maintaining an aerobic environment during conveyance of wastewater from the PQPS to the NCWRP.				

Jobsite Information		
Site Phone:858.335.2695	Email:omar@bluepacificeng.com	
Fax:	Jobsite Labor Rep: Tony Hart	
Project Manager: Omar Batta	Jobsite Safety Rep: Tony Hart	
Job Superintendent: Tony Hart 951.970.0158	Workforce Ordered By: Lupe Lozano	

Jobsite Scheduling Information		
Number of Shifts:1	Start / Stop Times: 7 AM-4 PM	
Pay Day:1	Ending Day of Pay Period: Sunday	

Jobsite Facilities		
Location(s) of First Aid Facilities: 10150 Cara Way, San Diego, CA 92123		
Location(s) of Sanitary Facilities: 10150 Cara Way, San Diego, CA 92123		
Location(s) of Drinking Water Facilities: 10150 Cara Way, San Diego, CA 92123		
Description of Jobsite Parking: Limited. Contact site superintendent prior		
Name of Selected Hospital: Scripps Clinic Urgent Care: Rancho Bernardo		
Hospital Address:15004 Innovation Dr. San Diego, CA 92128		
Hospital Phone Number:858.666.0264		

Heavy Equipment to Be Utilized on Job	By Contractor
Saw and coring machine	Penhall

Project Craft Workforce Estimate		
Craft	Workforce needed for Project	
Sample: Widget Installer	5	
Laborer	2	

Contractor Jurisdictional Work Assignments

As required by PLA Article 8, Section 8.1, the assignment of work will be solely the responsibility of the contractor performing the work involved; and such work assignments will be in accordance with the Plan for the Settlement of Jurisdictional Disputes in the Construction Industry (the "Plan") or any successor plan.

All jurisdictional disputes on this project shall be settled in accordance with PLA Article 8

Jurisdictional Work Assignments				
Contractor name	Scope of Work	<u>Union OR</u> <u>Non-Union</u>	<u>DBE or</u> <u>Non DBE</u>	<u>Union Work Assignment</u> (Local #)
Example: XYZ Contractor	Sprocket Installation	Union	DBE	Sprocket Union 123
<u>Penhall</u>	GPR scan and core drilling	<u>Union</u>	<u>Non</u>	<u>Laborers local 89</u>

Subcontractor Information – Complete or Attach Subcontractor Listing		
Subcontractor Name:		
Type/Scope of Work:		
Address:		
Estimated Start Date:	Estimated End Date:	
Contact Person:	Phone:	
Email:	Contractor License Number:	
Subcontractor Name:		
Type/Scope of Work:		
Address:		
Estimated Start Date:	Estimated End Date:	

Contact Person:	Phone:		
Email:	Contractor License Number:		
Subcontractor Name:	Subcontractor Name:		
Type/Scope of Work:			
Address:			
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		
Subcontractor Name:			
Type/Scope of Work:			
Address:			
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		
Subcontractor Name:			
Type/Scope of Work:			
Address:			
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		
Subcontractor Name:			
Type/Scope of Work:			
Address:			
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		