

Project Labor Agreement Pre-Job Conference Form

General Contractor Information		
Prime Contractor: Shimmick Construction Company	y, Inc.	
Address: 530 Technology Drive Suite 300, Irvine, CA 92618		
Phone: 949-333-1500		
Email: PurePLA@shimmick.com	Fax: 949-333-1510	
Prime Contractor's License Number: 594575		
DBE Status: ☐ Yes ☒ No	DBE Certifying Agency:	
DIA Dro Joh Conf	was a Marking Information	
	erence Meeting Information	
Date & Time: 8/01/2024 @9:30am		
Location: Video Conference		
	Project Information	
Project Name: North City Pure Water Facility		
Project Address: 4940 Eastgate Mall, San Diego, C	CA 92121	
Contract No: K-21-1810-DBB-3-A	Contract Award Amount: \$356,681,930	
Estimated Start Date: 4/15/21	Estimated End Date: 6/17/25	
Project Description: Construction of North City Pure Water facility. The completed facility will provide the owner with a production capacity of 34 million gallons per day of purified water that will be conveyed to Miramar Reservoir. The NCPWF includes O&M Building, Process Facilities including ozone, BAC filters, membrane filtration, RO, UV advanced oxidation, HVAC, electrical, instrumentation & controls. Construction of North City Pure Water Pump Station. The completed work will provide the owner with a 32.8 million gallon per day capacity booster conveyance pump station for advanced treated Pure Water and include (4) 1,000 horsepower vertical turbine pumps, motors, and AFDs, construction of cast-in-place reinforced concrete building.		
Jobsi	te Information	

Site Phone: TBD	Email: amontoya@shimmick.com
Fax:	Jobsite Labor Rep: Mark Zhang
Project Manager: Mark Zhang	Jobsite Safety Rep: Luke Pinkoson
Job Superintendent: Mark Zhang	Workforce Ordered By: April Montoya

Jobsite Scheduling Information		
Number of Shifts:1	Start / Stop Times: 6:00am – 2:30pm	
Pay Day: Thursday	Ending Day of Pay Period: Saturday	

Jobsite Facilities	
Location(s) of First Aid Facilities: 4940 Eastgate Mall, San Diego, CA 92121	
Location(s) of Sanitary Facilities: 4940 Eastgate Mall, San Diego, CA 92121	
Location(s) of Drinking Water Facilities: 4940 Eastgate Mall, San Diego, CA 92121	
Description of Jobsite Parking: Along the east side of lot at 4940 Eastgate Mall, San Diego, CA 92121	
Name of Selected Hospital: Thornton Hospital	
Hospital Address: 9300 Campus Point Drive, La Jolla, CA 92037	
Hospital Phone Number: 858-657-6641	

Heavy Equipment to Be Utilized on Job	By Contractor

Project Craft Workforce Estimate		
Craft	Workforce needed for Project	
Sample: Widget Installer	5	
Electricians	6	
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> Non DBE	<u>Union Work Assignment</u> <u>(Local #)</u>
Example: ABC Contractor	Sprocket Installation	Union	DBE	Sprocket Union 123
Precision Electric Group (CA) Inc.	Pulling Cabling and Device Installation	<u>Union</u>	Non-DBE	<u>Local 569</u>

Subcontractor Information – Complete or Attach Subcontractor Listing		
Subcontractor Name: Precision Electric (CA) Inc. – Sub to Siemens		
Type/Scope of Work: Pull cabling and install devices for security system.		
Address: 2361 La Mirada Dr., Vista CA 92081		
Estimated Start Date: 8-15-2024	Estimated End Date: 6-01-2025	
Contact Person: John Bowlds	Phone: 714-714-8614	
Email: johnb@pegica.com	Contractor License Number: C10-1032142	
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: