

## Project Labor Agreement Pre-Job Conference Form

General Contractor Information			
Prime Contractor: Flatiron West, Inc.			
Address: 12121 Scripps Summit Drive, STE 400 San Diego, CA 92131			
Phone: 760-916-9100			
Email: rbluff@flatironcorp.com	Fax: 760-916-9101		
Prime Contractor's License Number: 772589			
DBE Status:  Ves x No	DBE Certifying Agency:		

## PLA Pre Job Conference Meeting Information

Date & Time: March 5, 2024, 11:00 am

Location: MS Teams

## **General Project Information**

Project Name: Morena Pump Station

Project Address: 887 Sherman Street, San Diego CA 92110/ Offsite Warehouse Located at 5325 Metro Street San Diego CA 92110

Contract No: K-21-1801-DBB-3-A	Contract Award Amount: \$132,251,253.97
Estimated Start Date: June 01,2021	Estimated End Date: March 19, 2026

Project Description:

The project consists of the demolition of existing facilities at the proposed Morena Pump Station Site, the construction of a new 37.7 MGD Morena Wastewater Pump Station Facility, including Odor Control Systems, Electrical Building, Screening Facility, High Purity Oxygen System, Maintenance Building, associated civil site work including storm drainage, yard piping, perimeter walls, access gates, pavement, landscaping and other appurtenances. The project also includes the construction of 48-inch, 60-inch diversion & overflow sewers, 3 diversion structures w/slide gates and 1 junction structure on Friars road.

Jobsite Information		
Site Phone: N/A (Cell-Phones)	Email: rbluff@flatironcorp.com	
Fax: N/A (Email)	Jobsite Labor Rep: Donnie Riese	
Project Manager: Ray Bluff	Jobsite Safety Rep: Derrick Johnson	
Job Superintendent: Steve Cavaness	Workforce Ordered By: Heather McColl	

Jobsite Scheduling Information	
Number of Shifts: One (1)	Start / Stop Times: 6:30 AM- 3:30 PM
Pay Day: Friday	Ending Day of Pay Period: Saturday

## Jobsite Facilities

Location(s) of First Aid Facilities: At Muster Point in Field Office and In work Trucks		
Location(s) of Sanitary Facilities: Adjacent to Excavation Areas and Micotunneling Areas		
Location(s) of Drinking Water Facilities: Adjacent to work areas, in back of work trucks, 5 Gallon jugs, personal		
water bottles, ice provided daily, regular water breaks taken		
Description of Jobsite Parking: On job-site in designated employee parking area		
Name of Selected Hospital: Scripps Mercy Hospital San Diego		
Hospital Address: 4077 Fifth Avenue, San Diego CA 92103		
Hospital Phone Number: 609-294-8111		

Heavy Equipment to Be Utilized on Job	By Contractor
N/A	N/A
	Summer and a summer

Project Craft Workforce Estimate		
Craft	Workforce needed for Project	
Sample: Widget Installer	5	
Carpenters	25	

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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.			
A	Il jurisdictional disputes on this project shall be se		vith 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: XYZ Contractor	Sprocket Installation	Union	DBE	Sprocket Union 123
<u>Flatiron West Inc.</u>	<u>Concrete Thermal Control</u> <u>System</u> <u>Install Thermal</u> <u>Control Coils</u> <u>et all</u>	<u>Union</u>	<u>Non-DBE</u>	<u>Southwest Regional</u> <u>Council of Carpenters</u>
	Grout back coils	<u>Union</u>	<u>Non-DBE</u>	Laborer's Local 89
	<u>Maintain Pumps</u> and Generator Units	<u>Union</u>	Non-DBE	<u>Operating Engineers</u> <u>Local 12</u>

Subcontractor Inforr	nation – Complete or Attach Subcontractor Listing	
Subcontractor Name: N/A		
Type/Scope of Work:		
Address:		
Estimated Start Date: Estimated End Date:		
Contact Person:	ntact Person: Phone:	
Email:	Contractor License Number:	
Subcontractor Name: N/A		
Type/Scope of Work:		
Address:		
Estimated Start Date:	Estimated End Date:	
Contact Person:	Phone:	
Email:	ail: Contractor License Number:	