

## **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:	
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	erence Meeting Information	
Date & Time: Thursday 3.27.25 @ 8:00am		
Location: Video Conference		
Conoral P	Duniant Information	
	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	ite Information	

Site Phone: 310.261.0982	Email: april.delosreyes@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 Delos Reyes

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
None	PS37-3, LLC dba: Arrow Lift of California
Forklift	Shimmick Construction Co., Inc.

Project Craft Workforce Estimate			
Craft	Workforce needed for Project		
Sample: Widget Installer	5		
Installation of Dumbwaiters elevators union	2		
Iron Workers	2		
Contractor Jurisdiction			

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> (Local #)
Example: ABC Contractor	Sprocket Installation	Union	DBE	Sprocket Union 123
PS37-3, LLC dba: Arrow Lift of California	Install Dumbwaiter (2 stop) single opening in Buildings A and B	Non-Union	Non DBE	IUEC Union # 18
Shimmick Construction	Installation of Iron Stairs	Union	Non DBE	Iron Workers Local 229
<u>                                     </u>				

Subcontractor Information – Complete or Attach Subcontractor Listing		
Subcontractor Name: PS37-3, LLC dba: Arrow Lift of California		
Type/Scope of Work: Install Dumbwaiter (2 stop) single opening in Buildings A and B		
Address: P.O. Box 34, Duluth, MN 55801		
Estimated Start Date: 3.24.25	Estimated End Date: 12.31.25	
Contact Person: Sarah Hollifield	Phone: 888-815-4387	
Email: contracts@arrowlift.com	Contractor License Number: 995486	
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: