

Project Labor Agreement Pre-Job Conference Form

General Cor	itractor information
Prime Contractor: Flatiron West, Inc.	
Address: 12121 Scripps Summit Drive, STE 400 Sa	n Diego, CA 92131
Phone: 760-916-9100	
Email: rbluff@flatironcorp.com	Fax: 760-916-9101
Prime Contractor's License Number: 772589	
DBE Status: □ Yes x No	DBE Certifying Agency:
PLA Pre Job Confe	rence Meeting Information
Date & Time: June 20, 2023 8:30 am	
Location: MS Teams	
General P	roject Information
Project Name: Morena Pump Station	
Project Address: 887 Sherman Street, San Diego Co San Diego CA 92110	A 92110/ Offsite Warehouse Located at 5325 Metro Street
Contract No: K-21-1801-DBB-3-A	Contract Award Amount: \$110,000,000.00
Estimated Start Date: June 01,2021	Estimated End Date: June 01,2025
construction of a new 37.7 MGD Morena Wastewate Electrical Building, Screening Facility, High Purity O work including storm drainage, yard piping, perimete	ilities at the proposed Morena Pump Station Site, the er Pump Station Facility, including Odor Control Systems, xygen System, Maintenance Building, associated civil site er walls, access gates, pavement, landscaping and other auction of 48-inch, 60-inch diversion & overflow sewers, 3 aucture 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: Paul Mordasini			
Job Superintendent: Steve Cavaness	Workforce Ordered By: Anastasia Hooker			

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
Mobil Cranes (Size to be determined)	Marco Crane and Rigging Co.

Project Craft Workforce Estimate					
Craft	Workforce needed for Project				
Sample: Widget Installer	5				
Operating Engineers Local 12	1				

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>DBE or</u>	<u>Union Work Assignment</u>		
		Non-Union	Non DBE	(Local #)		
Example: XYZ Contractor	Sprocket Installation	Union	DBE	Sprocket Union 123		
Marco Crane & Rigging Co.	<u>Hoisting</u>	<u>Union</u>	Non-DBE	<u>Local #12</u>		

Subcontractor Name: SEE Attached Type/Scope of Work: Address: Estimated Start Date: Contact Person: Email: Subcontractor Name: Type/Scope of Work: Address: Estimated Start Date: Contact Person: Estimated End Date: Contractor License Number: Subcontractor Name: Type/Scope of Work: Address: Estimated Start Date: Contact Person: Email: Contractor License Number: Subcontractor Name:	stractor Namo: CEE Attached			
Address: Estimated Start Date: Contact Person: Email: Contractor License Number: Subcontractor Name: Type/Scope of Work: Address: Estimated End Date: Contractor License Number: Estimated Start Date: Contact Person: Email: Contractor License Number:	ILIACIOI INAITIE. SEE ALIACTIEU			
Estimated Start Date: Contact Person: Email: Contractor License Number: Subcontractor Name: Type/Scope of Work: Address: Estimated Start Date: Contact Person: Entimated End Date: Contact Person: Contact Contact Cicense Number:	cope of Work:			
Contact Person: Email: Contractor License Number: Subcontractor Name: Type/Scope of Work: Address: Estimated Start Date: Contact Person: Email: Contractor License Number:				
Email: Contractor License Number: Subcontractor Name: Type/Scope of Work: Address: Estimated Start Date: Contact Person: Email: Contractor License Number:	ted Start Date:	Estimated End Date:		
Subcontractor Name: Type/Scope of Work: Address: Estimated Start Date: Contact Person: Email: Contractor License Number:	t Person:	Phone:		
Type/Scope of Work: Address: Estimated Start Date: Contact Person: Email: Estimated End Date: Contractor License Number:		Contractor License Number:		
Address: Estimated Start Date: Contact Person: Email: Estimated End Date: Phone: Contractor License Number:	ntractor Name:			
Estimated Start Date: Contact Person: Email: Estimated End Date: Phone: Contractor License Number:	cope of Work:			
Contact Person: Phone: Email: Contractor License Number:	S:			
Email: Contractor License Number:	ted Start Date:	Estimated End Date:		
	t Person:	Phone:		
Subcontractor Name:		Contractor License Number:		
	ntractor Name:			
Type/Scope of Work:	cope of Work:			
Address:	S:			
Estimated Start Date: Estimated End Date:	ted Start Date:	Estimated End Date:		
Contact Person: Phone:	Contact Person: Phone:			
Email: Contractor License Number:		Contractor License Number:		
Subcontractor Name:	ntractor Name:			
Type/Scope of Work:	cope of Work:			
Address:	S:			
Estimated Start Date: Estimated End Date:	ted Start Date:	Estimated End Date:		
Contact Person: Phone:	t Person:	Phone:		
Email: Contractor License Number:		Contractor License Number:		
Subcontractor Name:	ntractor Name:			
Type/Scope of Work:	cope of Work:			
Address:	S:			
Estimated Start Date: Estimated End Date:	ted Start Date:	Estimated End Date:		
Contact Person: Phone:	t Person:	Phone:		
Email: Contractor License Number:		Contractor License Number:		
Subcontractor Name:	ntractor Name:			
Type/Scope of Work:	cope of Work:			
Address:				
Estimated Start Date: Estimated End Date:	ted Start Date:	Estimated End Date:		
Contact Person: Phone:	t Person:	Phone:		
Email: Contractor License Number:		Contractor License Number:		



SAN DIEGO PURE WATER PROJECT LABOR AGREEEMENT PRE-JOB CONFERENCE FORM

Subcontractor Name Marco Crane & Rigging Co.

SUB	CONTRACTO	R INFORMA'	ΓΙΟΝ		
Address: 221 S. 35th Ave., Phoenix	AZ 85009				
Contract Amount:		Contracted by: Flatiron			
Contact Name: Sam Meyer	Email: smeyer@r	il: Smeyer@mholdingco.com Phone:		619-520-2382	
License No.: 621510	License Classification:		License Status:		
DBE: ☐ Yes ☑ No	DBE Certifying Agency:				
Estimated Start Date:		Estimated Completion:			
PROJECT INFORM	ATION	LOBS	ITE SO	CHEDULING	
Project Name: Morena Pump Static		Number of Shifts:			
Prime Contractor:		Daily Start Time:		Daily Stop Time:	
Contract Number:		Pay Period End Day: Sundat		Pay Day: Thursday	
SCOPE OF WOL	R K	EQUIPME	ENT T	O BE UTILIZED	
Mobile Crane & Hoisting					
CONTRACT	OR JURISDIC	CTIONAL ASS	SIGNM	ENTS	
As required by PLA Article 8, Section 8.1,	the assignment of wor	k will be solely the res	ponsibility	of the contractor performing the	

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JURISDICTIONAL ASSIGNMENTS						
	Union or	CRAFT ASSIGNME	WORKFORCE ESTIMATE			
SCOPE OF WORK	Non-Union?	? Union Name Local No		Peak	Avg.	
Example: Installation of Sprockets	Union	Sprocket Installers	123	5	2	
	Union	Operating Engineers	12	1	1	

San Diego Building and Construction Local Unions: https://www.sdbuildingtrades.com/affiliates/roster/