



Project Labor Agreement Pre-Job Conference Form

General Contractor Information

| | |
|---|------------------------|
| Prime Contractor: OHL USA | |
| Address: 1920 Main Street, Suite 310, Irvine CA 92614 | |
| Phone: 949-242-4432 | |
| Email: joanna.banayotidis@ohlna.com | Fax: |
| Prime Contractor's License Number: A984140 | |
| DBE Status: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | DBE Certifying Agency: |

PLA Pre Job Conference Meeting Information

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|---|
| Date & Time: February 21, 2023, 8:00 AM |
| Location: MS Teams |

General Project Information

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|--|---|
| Project Name: Morena Conveyance North | |
| Project Address: 5820 Miramar Rd, Suite 204, San Diego, CA 92121 | |
| Contract No: K-21-1848-DBB-3 | Contract Award Amount: \$ 95,243,645.12 |
| Estimated Start Date: 06/14/2021 | Estimated End Date: June 2024 |
| Project Description: This project includes the installation of approximately 20,870 LF of 48in wastewater forcemain pipeline and 20,870 LF of 30in Welded Steel Pipe brine centrate conveyance pipeline north along Genesee Ave., East along Nobel Dr., North along Town Center Dr., East along Executive Dr., and underneath the I-805. The project includes tunneling underneath San Clemente Canyon, Rose Canyon, and I-805. The work includes excavating, laying, and backfilling of the steel pipe. Additional work includes temporary irrigation installation, utility monitoring, paving, and installation of fiber optic cable. | |

Jobsite Information

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|-------------------------------------|---|
| Site Phone: 714-293-6105 | Email: joanna.banayotidis@ohlina.com |
| Fax: N/A | Jobsite Labor Rep: Steve Ghiselin |
| Project Manager: Joanna Banayotidis | Jobsite Safety Rep: Haidar Shabu |
| Job Superintendent: Steve Ghiselin | Workforce Ordered by: Superintendent |

Jobsite Scheduling Information

| | |
|---------------------|----------------------------------|
| Number of Shifts: 2 | Start / Stop Times: TBD |
| Pay Day: Thursday | Ending Day of Pay Period: Sunday |

Jobsite Facilities

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|---|
| Location(s) of First Aid Facilities: TBD |
| Location(s) of Sanitary Facilities: TBD |
| Location(s) of Drinking Water Facilities: TBD |
| Description of Jobsite Parking: TBD |
| Name of Selected Hospital: TBD |
| Hospital Address: YBD |
| Hospital Phone Number: YBD |

| Heavy Equipment to Be Utilized on Job | By Contractor |
|---------------------------------------|-----------------|
| Drill Rig | OHLA USA |
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Project Craft Workforce Estimate

| Craft | Workforce needed for Project |
|--------------------------|------------------------------|
| Sample: Widget Installer | 5 |
| Operating Engineer | 3 |
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Contractor Jurisdictional Work Assignments

Subcontractor Listing Attached (not including Subs listed below)

| 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: | |
| 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: |

Email:

Contractor License Number: