


<b>Labor Commissioner, State of California</b> Department of Industrial Relations Division of Labor Standards Enforcement Bureau of Field Enforcement- Public Works TEL: (909) 383-4962	Gavin Newsom, Governor  
DATE: February 16, 2023	In Reply Refer to Case No: 40-74180-853

**CIVIL WAGE AND PENALTY ASSESSMENT**

Awarding Body Val Verde Unified School District	Work Performed in County of Riverside	
Project Name Citrus Hills High School AG Program	Project No. 21-33	DIR Project ID No.
Prime Contractor Hamel Contracting, Inc.	CSLB License No.	Contractor Registration (PWCR) No.
Subcontractor(s) Sundial Concrete Constructors	CSLB License No.	Contractor Registration (PWCR) No.
Second or Third-tier Subcontractor, if applicable	CSLB License No.	Contractor Registration (PWCR) No.

After an investigation concerning the payment of wages to workers employed in the execution of the contract for the above-named public works project, compliance with the apprenticeship standards found in Labor Code section 1777.5, or compliance with the registration requirements set forth in Labor Code section 1725.5, the Labor Commissioner has determined that violations of the California Labor Code have been committed by the contractor and/or subcontractor(s) identified above. In accordance with Labor Code section 1741, the Labor Commissioner hereby issues this Civil Wage and Penalty Assessment.

<b>TOTAL ASSESSMENT:</b>	<b><u>\$6,269.36</u></b>
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The nature of the violations of the Labor Code and the basis for the assessment are as follows:

Wage Violations: Sundial Concrete Constructors failed to pay at the correct prevailing wage rate on the project identified above in violation of Labor Code section 1775. Applicable penalty was mitigated from \$200.00 to \$100.00 per violation.

The attached Audit Summary further details the basis for this Assessment and itemizes the calculation of wages and penalties due under Labor Code sections 1775 and 1813, if applicable.

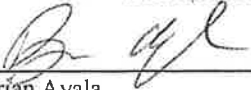
The Labor Commissioner has determined the total amount of **wages** due is: \$3,469.36

The Labor Commissioner has determined the amount of penalties assessed under Labor Code section **1775** is: \$2,800.00

The Labor Commissioner has determined the amount of penalties assessed under Labor Code section **1813** is: \$0.00

(continued on next page)

STATE LABOR COMMISSIONER

By   
 Brian Ayala  
 Industrial Relations Representative

Apprenticeship Violations: N/A

The Labor Commissioner has determined the amount of penalties assessed under Labor Code section **1777.7** is: \$0.00

Labor Code Section 1776 Violations: N/A

The Labor Commissioner has determined the amount of penalties assessed under Labor Code section **1776(h)** against Sundial Concrete Constructors is: \$0.00

Public Works Contractor Registration Violations: N/A

The Labor Commissioner has determined the amount of penalties assessed under Labor Code section <b>1771.1</b> against	
<u>General contractor</u>	is: <u>\$0.00</u>
<u>Subcontractor</u>	is: <u>\$0.00</u>
<u>Second-tier subcontractor</u>	is: <u>\$0.00</u>
<u>Third-tier subcontractor, if applicable</u>	is: <u>\$0.00</u>

**Please refer to page 6 for specific withholding obligations pertaining to these amounts.**

(continued on next page)

### **Notice of Right to Obtain Review - Formal Hearing**

In accordance with Labor Code section 1742, an affected contractor or subcontractor may obtain review of this Civil Wage and Penalty Assessment by transmitting a written request to the office of the Labor Commissioner that appears below within 60 days after service of the assessment.

**To obtain a hearing, a written Request for Review must be transmitted to the following address:**

Labor Commissioner - State of California  
Civil Wage and Penalty Assessment Review Office  
PO Box 32889  
Long Beach, CA 90832

A Request for Review either shall clearly identify the Civil Wage and Penalty Assessment from which review is sought, including the date of the assessment, or it shall include a copy of the assessment as an attachment, and shall also set forth the basis upon which the assessment is being contested. In accordance with Labor Code section 1742, the contractor or subcontractor shall be provided an opportunity to review evidence to be utilized by the Labor Commissioner at the hearing within 20 days of the Labor Commissioner's receipt of the written Request for Review.

**Failure by a contractor or subcontractor to submit a timely Request for Review will result in a final order which shall be binding on the contractor and subcontractor, and which shall also be binding, with respect to the amount due, on a bonding company issuing a bond that secures the payment of wages and a surety on a bond. Labor Code section 1743.**

In accordance with Labor Code section 1742(d), a certified copy of a final order may be filed by the Labor Commissioner in the office of the clerk of the superior court in any county in which the affected contractor or subcontractor has property or has or had a place of business. The clerk, immediately upon the filing, shall enter judgment for the State against the person assessed in the amount shown on the certified order.

(continued on next page)

### **Payment of Civil Wage and Penalty Assessment**

Payment of the assessed wages and/or penalties, including interest on all due and unpaid wages pursuant to Labor Code section 1741(b), must be made by check or money order payable to the Division of Labor Standards Enforcement and mailed to the following address along with a copy of this Civil Wage and Penalty Assessment:

State of California - Department of Industrial Relations  
Division of Labor Standards Enforcement - Cashiering Unit  
2031 Howe Avenue, Suite 100  
Sacramento, CA 95825-0196

### **Opportunity for Settlement Meeting**

In accordance with Labor Code section 1742.1(c), the Labor Commissioner shall, upon receipt of a request from the affected contractor or subcontractor within 30 days following the service of this Civil Wage and Penalty Assessment, afford the contractor or subcontractor the opportunity to meet with the Labor Commissioner or his or her designee to attempt to settle a dispute regarding the assessment. The settlement meeting may be held in person or by telephone and shall take place before the expiration of the 60-day period for seeking a hearing as set forth under the heading Notice of Right to Obtain Review. No evidence of anything said or any admission made for the purpose of, in the course of, or pursuant to, the settlement meeting is admissible or subject to discovery in any administrative or civil proceeding. This opportunity to timely request an informal settlement meeting is in addition to the right to obtain a formal hearing, and a settlement meeting may be requested even if a written Request for Review has already been made.

**Requesting a settlement meeting, however, does not extend the 60-day period during which a formal hearing may be requested.**

A written request to meet with the Labor Commissioner or his or her designee to attempt to settle a dispute regarding this assessment must be transmitted to Brian Avala at the following address:

State of California - Department of Industrial Relations  
Division of Labor Standards Enforcement - Public Works Unit  
464 W Fourth Street, Room 348  
San Bernardino, CA 92401

(continued on next page)

### **Liquidated Damages**

In accordance with Labor Code section 1742.1(a), after 60 days following the service of this Civil Wage and Penalty Assessment, the affected contractor, subcontractor, and surety on a bond or bonds issued to secure the payment of wages covered by the assessment shall be liable for liquidated damages in an amount equal to the wages, or portion that still remain unpaid. If the assessment subsequently is overturned or modified after administrative or judicial review, liquidated damages shall be payable only on the wages found to be due and unpaid.

Notwithstanding the above, in accordance with Labor Code section 1742.1(b), there shall be no liability for liquidated damages if the full amount of the assessment or notice, including penalties, has been deposited with the Department of Industrial Relations, within 60 days following service of the Assessment or Notice, for the Department to hold in escrow pending administrative and judicial review. The Department shall release such funds, plus any interest earned, at the conclusion of all administrative and judicial review to the persons and entities who are found to be entitled to such funds.

**The full amount of the assessment that should be deposited is:** **\$6,269.36**

Deposits must be made by check or money order payable to the Department of Industrial Relations with a cover letter and a copy of the Civil Wage and Penalty Assessment and mailed to:

Department of Industrial Relations  
Attention Cashiering Unit  
P.O. Box 420603  
San Francisco, CA 94142

(continued on next page)

**Statutory Withholding Obligations**

**1. Awarding Body Withholding Obligations**

In accordance with Labor Code section 1727(a), before making payments to the contractor of money due under a contract for public work, the awarding body shall withhold and retain therefrom all amounts required to satisfy this Civil Wage and Penalty Assessment. The amount required to satisfy this Civil Wage and Penalty Assessment shall not be disbursed by the awarding body until receipt of a final order that is no longer subject to judicial review.

**The amount which must be withheld and retained by the awarding body pursuant to this Civil Wage and Penalty Assessment is:**

Wages Due:	<u>\$3,469.36</u>
Training Funds Due:	<u>\$0.00</u>
Penalties Due Under Labor Code section 1775:	<u>\$2,800.00</u>
Penalties Due Under Labor Code section 1813:	<u>\$0.00</u>
Penalties Due Under Labor Code section 1777.7:	<u>\$0.00</u>
Penalties Due Under Labor Code section 1776(h):	<u>\$0.00</u>
Penalties Due Under Labor Code section 1771.1:	<u>\$0.00</u>
<b>Total Withholding Amount:</b>	<b><u>\$6,269.36</u></b>

**2. Prime Contractor Withholding Obligations:**

In accordance with Labor Code section 1727(b), if the awarding body has not retained sufficient money under the contract to satisfy this Civil Wage and Penalty Assessment based on a subcontractor's violations, the contractor shall, upon the request of the Labor Commissioner, withhold sufficient money due the subcontractor under the contract to satisfy the assessment and transfer the money to the awarding body. This amount shall not be disbursed by the awarding body until receipt of a final order that is no longer subject to judicial review.

**If this box is checked**, the Labor Commissioner hereby requests that the prime contractor withhold the following amount from money due the subcontractor and transfer the money to the awarding body to satisfy this assessment:

Wages Due:	<u>\$3,469.36</u>
Training Funds Due:	<u>\$0.00</u>
Penalties Due Under Labor Code section 1775:	<u>\$2,800.00</u>
Penalties Due Under Labor Code section 1813:	<u>\$0.00</u>
Penalties Due Under Labor Code section 1777.7:	<u>\$0.00</u>
Penalties Due Under Labor Code section 1776(h):	<u>\$0.00</u>
Penalties Due Under Labor Code section 1771.1:	<u>\$0.00</u>
<b>Total Withholding Amount:</b>	<b><u>\$6,269.36</u></b>

Distribution:  
 Awarding Body  
 Surety(s) on Bond  
 Prime Contractor  
 Subcontractor(s)

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS - DIVISION OF LABOR STANDARDS ENFORCEMENT

**CERTIFICATION OF SERVICE BY MAIL  
(C.C.P. 1013a) OR CERTIFIED MAIL**

I, Caroline Wood, do hereby certify that I am a resident of or employed in the County of San Bernardino, over 18 years of age, and not a party to the within action, and that I am employed at and my business address is:

Division of Labor Standards Enforcement  
Bureau of Field Enforcement  
464 W Fourth Street, Room 348  
San Bernardino, CA 92401

On February 16, 2023, I served the within: (1) Civil Wage and Penalty Assessment

by placing a true copy thereof in an envelope addressed as follows:

Val Verde Unified School District 975 W. Morgan Street Perris, CA 92571 Melissa Egan	Sundial Concrete Constructors 23535 Palomino Drive, Suite 109 Diamond Bar, CA 91765 Francisco Manriquez	Hamel Contracting, Inc. 26431 Jefferson Avenue, Suite A Murrieta, CA 92562 Grant John Hamel
North American Specialty Insurance Company 1200 Main Street, Suite 800 Kansas City, MO 64105	1505 Corporation 112 CT Corporation System 28 Liberty Street New York, NY 10005 Attn: North American Specialty Insurance Company	

and then sealing the envelope and with postage and certified mail fees (if applicable) thereon fully prepaid, and then depositing it in the United States mail in San Bernardino by:

- Ordinary first class mail  
 Certified mail  
 Registered mail

*I certify under penalty of perjury that the foregoing is true and correct*

Executed on February 16, 2023, at San Bernardino, County of San Bernardino, California

  
\_\_\_\_\_  
"SIGNATURE

STATE CASE NO.  
40-74180-853  
PW 34

7022 3330 0001 7902 1262 9334

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

North American Specialty Insurance  
 Company  
 1200 Main Street, Suite 800  
 Kansas City, MO 64105

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Sundial Concrete Constructors  
 23535 Palomino Drive, Suite 109  
 Diamond Bar, CA 91765  
 Francisco Manriquez

Street and Apt. No., or PO Box No.  
 City, State, ZIP+4®

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\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

1505 Corporation 112  
 C T Corporation System  
 28 Liberty Street  
 New York, NY 10005  
 Attn: North American Specialty Company

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Hamel Contracting, Inc.  
 26431 Jefferson Avenue, Suite A  
 Murrieta, CA 92562  
 Attn: Grant John Hamel

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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**OFFICIAL USE**

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	

Val Verde Unified School District  
 975 W. Morgan Street  
 Perris, CA 92571  
 Attn: Melissa Egan

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hamel Contracting, Inc.  
 26431 Jefferson Avenue, Suite A  
 Murrieta, CA 92562  
 Attn: Grant John Hamel



9590 9402 7862 2234 5215 96

2. Article Number (Transfer from service label)

7022 3330 0002 1262 9327

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) J. CABALLOS C. Date of Delivery 2.22.23

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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1. Article Addressed to:

1505 Corporation 112  
 CT Corporation System  
 28 Liberty Street  
 New York, NY 10005  
 Attn: North American Specialty Company



9590 9402 7862 2234 5215 72

2. Article Number (Transfer from service label)

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery FEB 21 2023

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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1. Article Addressed to:

North American Specialty Insurance  
 Company  
 1200 Main Street, Suite 800  
 Kansas City, MO 64105



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 Addressee

B. Received by (Printed Name) C. Date of Delivery 2/23/23

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

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<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
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<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

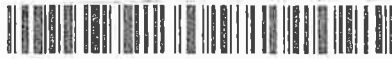
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1. Article Addressed to:

Hamel Contracting, Inc.  
 26431 Jefferson Avenue, Suite A  
 Murrieta, CA 92562  
 Attn: Grant John Hamel



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A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

J. CABALLAS

C. Date of Delivery

2-22-23

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If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
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 Attn: North American Specialty Company



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- Addressee

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D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

FEB 24 2023

3. Service Type

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 1200 Main Street, Suite 800  
 Kansas City, MO 64105



9590 9402 7862 2234 5215 89

2. Article Number (Transfer from service label)

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PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/23/23

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

Sundial Concrete Constructors  
 23535 Palomino Drive, Suite 109  
 Diamond Bar, CA 91765  
 Attn: Francisco Manriquez



9590 9402 7862 2234 5216 19

2. Article Number (Transfer from service label)

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PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature                    | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

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1. Article Addressed to:

Val Verde Unified School District  
 975 W. Morgan Street  
 Perris, CA 92571  
 Attn: Melissa Egan



9590 9402 7862 2234 5216 02

2. Article Number (Transfer from service label)

7022 0410 0001 7902 3309

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature                    | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt