

PROPOSERS' CONFERENCE
WEST COAST SEAWATER INJECTION WELL REDEVELOPMENT SERVICES (2013-AN018)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY, SEPTEMBER 17, 2013, AT 2:00 P.M., CONFERENCE ROOM D

Please print clearly and leave your business card.

Page 1 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>GenapL Pump Co</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Tom Nanchy</u> <small>Attendee's Name</small> <u>Project Manager</u> <small>Title</small>	Mailing Address: <u>159 N. ACACIA ST.</u> City: <u>SAN DIMAS</u> State: <u>CA</u> Zip: <u>91773</u> Telephone Number: <u>(909) 599 9606</u> FAX: <u>(909) 599-6238</u> E-Mail Address: <u>TNANCHY@genpump.com</u>
<u>Weber Water Resources</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Jeffery P. Wold</u> <small>Attendee's Name</small> <u>Senior Project Manager</u> <small>Title</small>	Mailing Address: <u>3200 Buena Vista Road Suite 100</u> City: <u>Ontario</u> State: <u>CA</u> Zip: <u>91761</u> Telephone Number: <u>(490) 229-0738</u> FAX: <u>(490) 961-0290</u> E-Mail Address: <u>jwold@weberwaterresources.com</u>
<u>CASCADE DRILLING L.P.</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>DEAN COBLISH</u> <small>Attendee's Name</small> <u>BUSSINESS DEV MGR.</u> <small>Title</small>	Mailing Address: <u>555 S. HARBOR BLVD</u> City: <u>LA HABRA</u> State: <u>CA</u> Zip: <u>90631</u> Telephone Number: <u>(562) 929 8176</u> FAX: <u>(562) 863 9534</u> E-Mail Address: <u>DCOBLISH@CASCADEDRILLING.COM</u>
 <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
 <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>LAYNE CHRISTENSEN</u> Company Name Name of Parent Company (if Applicable)	<u>ANDY SEIDEN</u> Attendee's Name <u>PROJECT MANAGER</u> Title	Mailing Address: <u>1717 W PARK AVE</u> City: <u>REDLANDS</u> State: <u>CA</u> Zip: <u>92373</u> Telephone Number: <u>(909) 390-2833</u> FAX: <u>(909) 390-6097</u> E-Mail Address: <u>andrew.seiden@layne.com</u>
<u>MINCO CONSTRUCTION</u> Company Name Name of Parent Company (if Applicable)	<u>Peter Saad</u> Attendee's Name <u>A. MANAGER</u> Title	Mailing Address: <u>522 E. Airline way</u> City: <u>Gardena</u> State: <u>CA</u> Zip: <u>90248</u> Telephone Number: <u>(310) 516-8100</u> FAX: <u>(310) 516-7404</u> E-Mail Address: <u>h9ffi.t@mincoconstruction.com</u>
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
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<u>Layne Christensen</u> <small>Company Name</small> Name of Parent Company (if Applicable)	<u>Mark Howard</u> <small>Attendee's Name</small> <u>Account Manager</u> <small>Title</small>	Mailing Address: <u>1717 W. Park Ave</u> City: <u>Redlands</u> State: <u>CA</u> Zip: <u>92373</u> Telephone Number: <u>(909) 390-2833</u> FAX: <u>909 390-6097</u> E-Mail Address: <u>Mark.howard@layne.com</u>
<u>Boart Longyear</u> <small>Company Name</small> Name of Parent Company (if Applicable)	<u>John Petrouis</u> <small>Attendee's Name</small> <u>Division Mgr Pumps</u> <small>Title</small>	Mailing Address: <u>2745 W. California Ave</u> City: <u>Salt Lake City</u> State: <u>UT</u> Zip: <u>84104</u> Telephone Number: <u>(801) 599-8282</u> FAX: <u>(801) 973-4572</u> E-Mail Address: <u>John.Petrouis@BoartLongyear.com</u>
 <small>Company Name</small> Name of Parent Company (if Applicable)	 <small>Attendee's Name</small> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
 <small>Company Name</small> Name of Parent Company (if Applicable)	 <small>Attendee's Name</small> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
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