



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Solicitation

NUMBER
DNR214019

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
GUY NISBET
304-558-8802

RFQ COPY

TYPE NAME/ADDRESS HERE

A&S Enterprises LLC  
 161 Silverado Drive  
 Petersburg, West Virginia 26847

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O

DIVISION OF NATURAL RESOURCES  
 WILDLIFE RESOURCES SECTION  
 JOBSITE  
 SEE SPECIFICATIONS

DATE PRINTED
09/24/2013

BID OPENING DATE: 10/29/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
THIS ADDENDUM IS ISSUED TO MODIFY THE ORIGINAL SOLICITATION PER THE ATTACHED DOCUMENTATION.						
0001	1	LS		968-71		
WASTE DISPOSAL SERVICE						
***** THIS IS THE END OF RFQ DNR214019 ***** TOTAL:						
10/29/13 11:23:09 AM West Virginia Purchasing Division						

SIGNATURE <i>Darren D. Cut</i>	TELEPHONE 304-257-9505	DATE 10-28-13
TITLE Owner	FEIN 20-1208954	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

**Solicitation**

NUMBER
DNR214019

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
GUY NISBET 304-558-8802

VENDOR



**A&S Enterprises**  
**161 Silverado Dr**  
**Petersburg, WV 26847-8817**

SHIP TO

DIVISION OF NATURAL RESOURCES  
 WILDLIFE RESOURCES SECTION  
 JOBSITE  
 SEE SPECIFICATIONS

DATE PRINTED
09/03/2013

BID OPENING DATE: 10/15/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		968-71		
WASTE DISPOSAL SERVICE						
REQUEST FOR QUOTATION (RFQ)						
THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF NATURAL RESOURCES (WVDNR) WILDLIFE RESOURCES SECTION IS SOLICITING BIDS FOR THE REMOVAL AND DISPOSAL OF FISH WASTE FROM THE "REEDS CREEK STATE FISH HATCHERY" PER THE ATTACHED TERMS & CONDITIONS AND SPECIFICATIONS AS ATTACHED.						
DIRECTIONS TO HATCHERY AS FOLLOWS:						
FROM FRANKLIN TRAVEL NORTH ON US-220 APPROXIMATELY 4.7 MILES, PASS THE US-33 SPLIT.						
TURN LEFT ON CR-10, GO 2.1 MILES AND BEAR RIGHT ONTO CR-10/CR-8.						
CONTINUE 1.5 MILES TO THE HATCHERY ON YOUR LEFT.						
***** THIS IS THE END OF RFQ DNR214019 ***** TOTAL:						

SIGNATURE <i>Darren D. Alt</i>	TELEPHONE 304-257-9505	DATE 10-28-13
TITLE Owner	FEIN 20-1208954	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

The bid should contain the information listed below on the face of the envelope or the bid may not be considered:

SEALED BID

BUYER: Guy Nisbet

SOLICITATION NO.: DNR 214019

BID OPENING DATE: 10-29-13

BID OPENING TIME: 1:30 PM

FAX NUMBER: 304-257-1251

In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus N/A convenience copies of each to the Purchasing Division at the address shown above. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE:  Technical  
 Cost

7. **BID OPENING:** Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when time stamped by the official Purchasing Division time clock.

Bid Opening Date and Time: October 15, 2013 at 1:30 PM EDT.

Bid Opening Location: Department of Administration, Purchasing Division  
 2019 Washington Street East  
 Charleston, WV 25305-0130

8. **ADDENDUM ACKNOWLEDGEMENT:** Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.
9. **BID FORMATTING:** Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.



# CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY)  
10/25/13

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000  
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY <b>BAKER INSURANCE SERVICES</b> 109 WASHINGTON ST MOOREFIELD, WV 26836-1138  (304)530-7600	AGENT'S NO. EE4017	COMPANIES AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE Erie Indemnity Co., Attorney-in-Fact (Not Applicable) in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
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NAME AND ADDRESS OF NAMED INSURED  A & S Enterprises LLC 161 Silverado Dr Petersburg, WV 26847-8817	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> <b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q28 5100106	4/1/13	4/1/14	EACH OCCURRENCE \$ 1,000,000	
				FIRE DAMAGE (Any One Occ) \$ MED EXP (Any One Person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMM/OP AGG \$ 2,000,000	
<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE				BODILY INJURY EACH PERSON \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$ BODILY INJURY AND PROPERTY DAMAGE COMBINED \$	
				EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$	
<input type="checkbox"/> <b>WORKERS COMPENSATION &amp; EMPLOYERS LIABILITY</b>	Q88 5101068	4/1/13	4/1/14	ACCIDENT \$ 500,000 EACH ACCIDENT DISEASE \$ 500,000 POLICY LIMIT DISEASE \$ 500,000 EACH EMPLOYEE	
				<input type="checkbox"/> <b>OTHER</b>	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CANCELLATION:** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

NAME AND ADDRESS OF CERTIFICATE HOLDER WV Division of Natural Resourc  Charleston, WV 25301	AUTHORIZED REPRESENTATIVE  <i>Sharon Wratford</i>
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REQUEST FOR QUOTATION  
DNR214019 - Manure Removal at Reeds Creek State Fish Hatchery

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9. VENDOR DEFAULT:

- 9.1. The following shall be considered a vendor default under this Contract.
- 9.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.
  - 9.1.2. Failure to comply with other specifications and requirements contained herein.
  - 9.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
  - 9.1.4. Failure to remedy deficient performance upon request.
- 9.2. The following remedies shall be available to Agency upon default.
- 9.2.1. Cancellation of the Contract.
  - 9.2.2. Cancellation of one or more release orders issued under this Contract.
  - 9.2.3. Any other remedies available in law or equity.

10. MISCELLANEOUS:

- 10.1. **Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: DARREN ALT  
Telephone Number: 304-257-9505 / 304-668-8888  
Fax Number: 304-257-1251  
Email Address: daH59@yahoo.com

## EXHIBIT A

DNR214019 - WEST VIRGINIA DIVISION OF NATURAL RESOURCES  
FISH MANURE REMOVAL AT REEDS CREEK STATE FISH HATCHERY

## PRICING SHEET

Item	Description	Total Lump Sum Amount
1	Materials and labor required to remove and dispose of accumulated fish manure from the earthen settling pond located at the Reeds Creek State Fish Hatchery, Franklin, WV	\$ 70,000.00



P.O. Box 929  
Petersburg, WV 26847

69-304/522  
8500368



10/25/2013

AMOUNT  
\$3,500.00

\*\*Three Thousand Five Hundred and 00/100\*\*\*\*\*

PAY TO THE ORDER OF DIVISION OF NATURAL RESOURCES  
WILDLIFE RESOURCES SECTION

REMITTER: JDW

MEMO: DNR214019 - BID BOND

CASHIER'S CHECK

*[Handwritten Signature]*  
AUTHORIZED SIGNATURE

MP



RFQ No. DNR214019

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**MANDATE:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: A+S Enterprises LLC

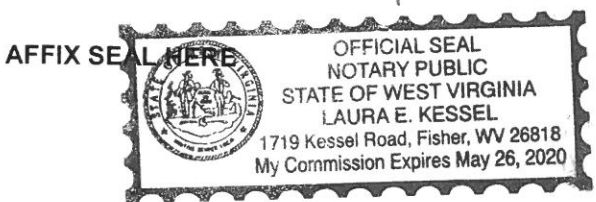
Authorized Signature: Darren D. Aust Date: 10-25-13

State of West Virginia

County of Hardy, to-wit:

Taken, subscribed, and sworn to before me this 25 day of October, 2013.

My Commission expires May 26, 2020.



NOTARY PUBLIC Laura E. Kessel



**CERTIFICATION AND SIGNATURE PAGE**

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

A + S Enterprises LLC  
(Company)

Darren D. Alt  
(Authorized Signature)

DARREN D. ALT owner  
(Representative Name, Title)

304-257-9505      304-257-1251      304-668-8888  
(Phone Number)      (Fax Number)      Cell

10-28-13  
(Date)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: DNR214019**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

A+S Enterprises LLC  
Company

Darren D. Alt  
Authorized Signature

10-28-13  
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.  
Revised 6/8/2012