



FAX COVER SHEET

Department of Administr	ation, Purchasing Division	
ROM: Williams Excavation	ng, LLC	
OF PAGES: 12 (1	ncluding cover sheet)	
	Sealed Bid Enclosed: DEP1500000	0104
COMMENTS:	Buyer: Beth Collins	
	Solicitation No: DEP1500000104	Sovern Run Refuse
	Bid Opening Date: 02 Sep 2015	
	Bid Opening Time: 1:30pm Fax	
	Number: (304) 558-3970	
roperty of: Williams Excavating, Li	.c.	
8801 CR22A		
Bloomingdale, OH 439	10	
740-937-2077 (Office)	E .	09/02/15 11:34:02 WV Purchasine Divisi
740-937-2022 (Fax)		

Sovern Run (England)Refuse

Revised Contractor's Bid Sheet

Company Name: Williams Excavating, LLC			
Address:_	8801 CR 22A	12.	
	Bloomingdale, OH 43910		

The DEP reserves the right to request additional information and supporting documentation regarding unit prices when the unit price appears to be unreasonable.

ITEM NO.	Qty	Unit	DESCRIPTION	UNIT PRICE	AMOUNT
		COARLE			
1.0	1	LS	Mobilization and Demobilization (Limited to 10% of Total Bid)	LS \$	15,000.00
2.0	1	LS	Construction Layout (Limited to 5% of Total Bid)	LS \$	8,000.00
3.0	1	LS	Quality Control (Limited to 3% of Total Bid)	LS \$	5 000 00
4.1	1	LS	Site Preparation (Limited to 10% of Total Bid)	LS \$	15.550,00
4.2	160		Access Road Stone	\$ 30 \$	
4.3	230		Gravel Drive Rehabilitation	\$ 35 \$	8.050,00
4.4	720	LF	Permenant Fencing	\$ 18.75 \$	
5.1	800	LF	Silt Fence Sediment Control	\$ 2 - 1	
5,2	510	LF	Straw Wattle Brosion Control	\$ 5,55 \$	
5.3	50		Stablized Construction Entrance (70' x 12' Width) (2)	\$ 99 - 8	
5.4	4	EA	Rock Check Dam	\$ 500 - \$	2,000,00
6.0	2.5	AC	Revegetation	\$2,150-5	5.375.00
7.1	785	LF	8' Riprap Channel (Channel "A")	\$ 90 - \$	62,800.00
7.2	35	LF	18" HDPE Culvert Pipe	\$ 82 - \$	2,870,00
7.3	60	LF	24" HDPE Culvert Pipe	\$ 77 - \$	
7.4	130	LF	18" HDPE Conveyance Pipe	\$ 44 - \$	5,720,00
7.5	3	BA	Type "A" Manhole	\$ 8.576-\$	25.728.00
8,0	4,450	CY	Unclassified Excavation	\$ 5\$	22,250,00
9.1	2	EA	Wet/Modified Mine Seals	\$ 6.162-8	
9.2	10	EA	Soda Ash Briquettes (50 LB Bags)	\$ 32 - \$	320,00
9.3	2	EA	Monitoring Wells or Piezometers Abandonment	\$1,867-\$	3,734.00
11.1	100	LF	4 'x 4' Underdrain (12" PVC SDR-35)	\$ 75 - \$	
11,2	20	LF	Underdrain Conveyance Pipe (12" PVC SDR-35)	\$ 58 - \$	
12.1	38	BA	6'-8' White Pine Trees	\$ 165 - \$	
			TOTAL	\$	241.951.50

Two thendred forty-one thousand whine Aundred and fifty-one dollars and fifty centr

Haller

Agency	W۱	/DEP		
REO.P.	.O#	DEP	1500000104	

BID BOND

	KNOW ALL MEN BY THESE PRESE	NTS, That we, the un	dersigned, <u>W</u>	/illiams Excavat	ting, LLC	
of	Bloomingdale	OH	, as Pr	rincipal, and <u>Ohio</u>	Farmers insu	rance Company
of	Westfield Center	OH, a c	erporation org	ganized and existi	ng under the lav	vs of the State of
он	with its principal office in the	City of Westfield	I Center	, as Surety, are I	held and firmly	bound unto the State
of Wes	t Virginia, as Obligee, in the penal sum	of Five Percent of A	mount Bid	(\$	<u>5%</u>) for t	he payment of which,
well an	d truly to be made, we jointly and sever	ally bind ourselves, o	ur heirs, admi	inistrators, execut	ors, successors	and assigns.
	The Condition of the above obligation	on is such that wher	eas the Princ	cipal has submitte	ed to the Purch	nasing Section of the
Depart	ment of Administration a certain bid or p	oroposal, attached he	reto and mad	e a part hereof, to	enter into a cor	ntract in writing for
	rn Run Refuse and Portals DEP 15			<u></u>		
	NOW THEREFORE,					
	(a) If said bid shall be rejected,	OΓ	:			
	isid bid abolt be present	ed and the Principal	shall enter in	nto a contract in	accordance wit	h the bid or proposal
46	ed hereto and shall furnish any other be reement created by the acceptance of s	said hid then this obli	askon snau b	e nuli and vold. Ol	[[G M 2台 (1) 2 Cか	iliation shall tallian iii
full for	ce and effect. It is expressly understoo	od and agreed that th	e liability of t	he Surety for any	and all claims	hereunder shall, in no
event,	exceed the penal amount of this obligate	tion as herein stated.				
way in waive	The Surety, for the value received, he mpaired or affected by any extension on notice of any such extension.	nereby stipulates and of the time within whi	agrees that the ch the Oblige	ne obligations of s see may accept su	eaid Surety and ich bid, and sai	its bond shall be in no d Surety does hereby
	WITNESS, the following signatures a	and seals of Principal	and Surety, e	executed and seal	led by a proper	officer of Principal and
Surety	y, or by Principal Individually if Principal					<u>15</u> .
-	y, or by the second transfer and the second	, _				
Princis	pal Seal			Williams Excar	vating, LLC	
1 mind	pair ovar				(Name of Prin	cipal)
				By Mae	Ville	
				(Must be	e President, Vic	
				U	Ouly Authorized	Agent)
					owne	1
					(1196)	
				Ohio Farmers	Insurance Co	mnany
Surety	y Seal	E CHATERO	2	Ono i amora	(Name of Sur	
		1848				
				By: 4	1	1
		- CARLOR WY		Nicholas A. Sp	parachane	Attorney-in-Fact
			10.00			

IMPORTANT — Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

14405438822

POWER NO. General Power of Attorney

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

Westfield Center, Ohio

CERTIFIED COPY

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having their principal offices in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint Nicholas A. Sparachane

and State of WV their true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in their names, place Wheeling

and stead, to execute, acknowledge and deliver the following surety bond:

Surety Bond Number: Bid Bond

Principal: Williams Excavating, LLC

Obligee: State of West Virginia, Department of Environmental Protection

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY:

BE IT RESOLVED, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attomey(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon The Company as if signed by the President and scaled and attested by the Corporate Secretary."

"BE IT FURTHER RESOLVED, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000.)

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals o be hereto affixed this 1" day of April, A.D., 2014.

Corporate Seals Affixed







WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

By:

Dennis P. Baus, National Surety Leader and Senior Executive

State of Ohio County of Medina

On this 1st day of April, A.D., 2014, before me personally came Dennis P. Baus, to me known, who, being by me duly swom, did depose and say, that he resides in Wooster, Ohio; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Board of Directors of said Companies; and that he signed his name thereto by like order.

Notarial Seal Affixed



David A. Kotnik, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio County of Medina

55.

CERTIFICATE

I, Frank Carrino, Secretary of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and affect.

In Witness Whereof, I have hereunto set my hand and affixed the scal of said Company at Westfield Center, Obio, this 15th day of July ,A.D.,2015.



Frank Carrino, Secretary

BPOAC (03-01)

ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor. West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

CONTRACTOR'S INSIDE:	illiams Excavating, LLC
Contractor's License No	WV-038495

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a Award Document.

- 2. DRUG-FREE WORKPLACE AFFIDAVIT: W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.
 - 2.1.DRUG-FREE WORKPLACE POLICY: Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority shall cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.
- 3. DRUG FREE WORKPLACE REPORT: Pursuant to W. Va. Code § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. For contracts over \$25,000, the

Revised 04/13/2015

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, 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, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Williams Excavating, LLC

Well House Title

(740) 937-2077 / (740) 937-2022 9-1-15

(Phone Number) (Fax Number) (Date)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.:

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.

	mbers Received:			
(Check the bo	x next to each addend	ium received)		
X	Addendum No. 1		Addendum No. 6	
M	Addendum No. 2		Addendum No. 7	
Ø	Addendum No. 3		Addendum No. 8	
X	Addendum No. 4		Addendum No. 9	
	Addendum No. 5		Addendum No. 10	
discussion hel the information binding.	d between Vendor's	representatives	and any state personne	e made during any oral el is not binding. Only n official addendum is
Company	paris front	o~		
Authorized Si	gnature \bigvee			
01	L SED 24	5		
Date	1			
NOTE: This document proc		ledgement shor	ald be submitted with	the bid to expedite

WV-72 Created 07/01/13

State of West Virginia Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia Code** § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

<u>Instructions:</u> Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identifi	ication:					
Contract Number	Sovern Run Refuse Porta	als				
Contract Purpose: Construction						
Agency Request	ing Work: WW DEP AML- Special	Reclamation				
Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report. Information indicating the education and training service to the requirements of West Virginia Code § 21-1D-5 was provided; Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests; Average number of employees in connection with the construction on the public improvement; Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and						
(D) Rando	m.					
Vendor Contact Information:						
Vendor Name:	Williams Excavating, LLC	Vendor Telephone: (740) 937-2077				
Vendor Address:	8801 CR 22A	Vendor Fax: (740) 937-2022				
,,, 1 144,1466,	Bloomingdale, OH 43910	FORWIT BA. (1997)				

14405438822

WV-73 Rev. 08/2013



State of West Virginia DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT West Virginia Code §21-1D-5

STATE OF-WEST-VIRGINIA. REFFERSON, TO-WIT: I, Travis Tipton _, after being first duly sworn, depose and state as follows: I am an employee of Williams Excavating, LLC 1. ; and, (Company Name) Williams Excavating, LLC I do hereby attest that 2. (Company Name) maintains a valid written drug free workplace policy and that such policy is in compliance with West Virginia Code §21-1D. The above statements are sworn to under the penalty of perjury. Project Engineer Title: Williams Excavating Company Name: Taken, subscribed and sworn to before me this 4 day of +010 By Commission expires dune 03 2020 Shannon Travis (Seal) **Notary Public In and For** the State of Ohio My Commission Expires June 03, 2020 <u>VIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY</u>

Rev. August 2013

RFQ No. DEP1500000104

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 exceed 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. Ve. 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.



Shannon Travis
Notary Public in and For
the State of Ohio
My Commission Expires
June 03, 2020

WITNESS THE FOLLOWING SIGNATURE:

OMB #1029-0119 Expiration Date: 1/31/16

AML CONTRACTOR INFORMATION FORM

You must complete this form for your AML contracting officer to request an eligibility evaluation from the Office of Surface Mining to determine if you are eligible to receive an AML contract. This requirement applies to contractors and their sub-contractors and is found under OSM's regulations at 30 CFR 874.16. When possible, please type your information onto this form to the last month) to be considered for a carrent bid

Part A: General Information

and a General Information
Business Name: Williams Excavating Tax Payer ID No.: 01-0830020 Address: 8801 CR 22A City: Bloomingdale State: OH Zip Code: 43910 Phone: 740-937-2077 Fax No.: 740-937-2022 E-mail address:
Part B: Legal Structure
() Corporation () Sole Proprietorship () Partnership (X) LLC
Part C: Certifying and updating information in the Applicant/Violator System (AVS). Select only one of the following options, follow the instructions for that option, and sign below. I,Joe Williams
(print name) have the express authority to certify that:
 Information on the attached Entity Organizational Family Tree (OFT) from AVS is accurate, complete, and up-to-date. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D. Part of the information on the attached Entity OFT from AVS is missing or incorrect and must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Part D to provide the missing or corrected information. Sign and date below and complete
Our business currently is not listed in AVS. If you select this option, you must provide all information required in Part D. Signand date below and complete Part D. President Signature Title MPORTANT: In order to certify in Part C to the accuracy of existing information in AVS, you office, toll-free, at 800-643-9748 or from the AVS website at https://gvas.osmre.gov.

Part D.

Contractor's Business Name: Williams Excavating, LLC

If the current Entity OFT information for your business is incomplete or incorract in AVS, or if there is no information in AVS for your business, you must provide all of the following information as it applies to your business. Please make as many copies of this page as you require.

- Every officer (President, Vice President, Secretary, Treasurer, etc.);
- All Directors;
- All persons performing a function similar to a Director;
- Every person or business that owns 10% or more of the voting stock in your business;
- Every partner, if your business is a partnership;
- Every member and manager, if your business is a limited liability company; and
- Any other person(s) who has the ability to determine the manner in which the AML reclamation project is being conducted.

	<u>Villiams</u>	Position/Titl	_e Owner
	CR 22A	Telephone #	304-614-888
	ningdale, OH 43910 ch 14, 2005	% of Owners Ending Date	ship _100%
Name Address		Position/Title Telephone #	
Begin Date:		% of Owners Ending Date:	thip
Name		Position/Title	3
Begin Date:		% of Owners Ending Date:	
Name Address		Position/Title Telephone #	
Begin Date:		% of Owners! Ending Date;	

PAPERWORK REDUCTION STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501) requires us to inform you that: Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information is necessary for all successful bidders prior to the distribution of AML funds, and is required to obtain a benefit.

Public reporting burden for this form is estimated to range from 15 minutes to 1 hour, with an average of 22 minutes per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, Room 202 SIB, Constitution Ave., NW, Washington, D.C. 20240.