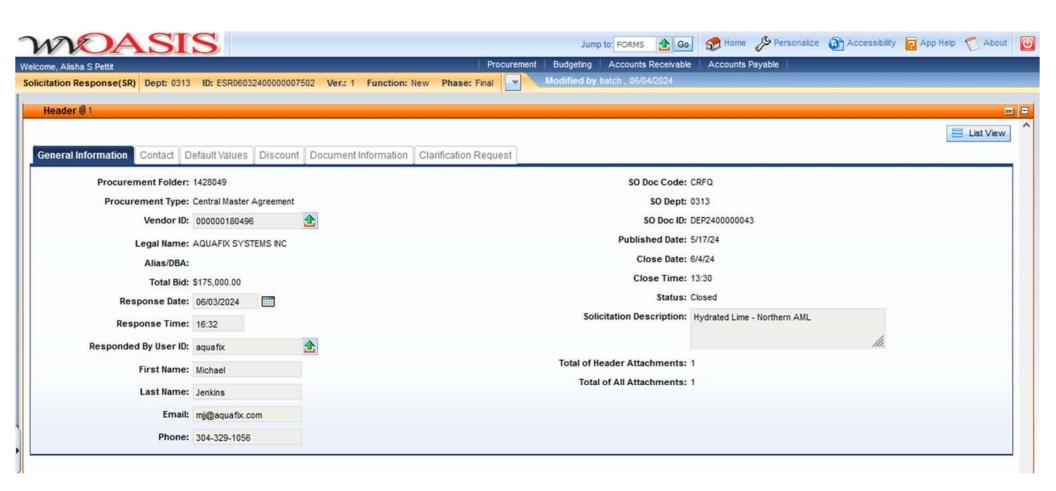
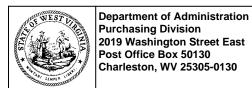


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





#### State of West Virginia **Solicitation Response**

**Proc Folder:** 1428049

**Solicitation Description:** Hydrated Lime - Northern AML **Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-06-04 13:30	SR 0313 ESR06032400000007502	1

**VENDOR** 

000000180496 AQUAFIX SYSTEMS INC

**Solicitation Number:** CRFQ 0313 DEP2400000043

**Total Bid:** 175000 **Response Date:** Response Time: 2024-06-03 16:32:01

Comments:

FOR INFORMATION CONTACT THE BUYER

Joseph E Hager III (304) 558-2306 joseph.e.hageriii@wv.gov

Vendor

FEIN# DATE Signature X

All offers subject to all terms and conditions contained in this solicitation

FORM ID: WV-PRC-SR-001 2020/05 Date Printed: Jun 4, 2024 Page: 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	To supply, transport and deliver Hydrated	500.000	000 TON	350.000000	175000.00
	Lime to the site				

Comm Code	Manufacturer	Specification	Model #	
30111604				

### **Commodity Line Comments:**

### **Extended Description:**

To supply, transport and deliver Hydrated Lime to the site

Date Printed: Jun 4, 2024 Page: 2 FORM ID: WV-PRC-SR-001 2020/05



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

#### State of West Virginia Centralized Request for Quote Service - Prof

SENSE SENSES				
Proc Folder:	1428049		Reason for Modification:	
Doc Description	n: Hydrated Lime - Norther	: Hydrated Lime - Northern AML		
Proc Type:	Central Master Agreeme			
Date Issued	Solicitation Closes	Solicitation No	Version	
2024-05-17	2024-06-04 13:30	CRFQ 0313 DEP2400000	0043 1	
BID RECEIVING	GLOCATION			
BID CLERK				
	OF ADMINISTRATION			
PURCHASING				
2019 WASHING				
CHARLESTON US	WV 25305			
05				
VENDOR				
Vendor Custo	mer Code: OOOOOC	180496		
Vendor Name	: Aquafix Sys	Tems INC		
Address :				
Street: 3	OI MAPLE LANC			
1	ling wood			
	/ V 1	Country: US	Zip: 26537	
Principal Cont	tact: Michael Je	NKINS		

FOR INFORMATION CONTACT THE BUYER

Vendor Contact Phone: 304 329-1056

Joseph E Hager III (304) 558-2306

joseph.e.hageriii@wv.gov

Signature X

Extension:

DATE

All offers subject to all terms and conditions contained in this solicitation

# REQUEST FOR QUOTATION Hydrated Lime - Northern AML

#### 8. MISCELLANEOUS:

- **8.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.
- **8.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- **8.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- **8.4** 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: Mchael Jenkins
Telephone Number: 304 329-1056
Fax Number: 304 329-1217
Email Address: mjj @ aguafix. Com

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) MICHAEL JENKINS, PRESIDENT	
(Address) 301 MAPLE LANE, KINGWOOD, WV 26537	
(Phone Number) / (Fax Number) 304 329-1056 304 329-1217	
(email address) _mjj@aquafix.com	

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

AQUAFIX SYSTEM	AS INC		
(Company)	hal Jukus Authorized Represe	0	
(Signature of	Authorized Represe	entative)	
(Printed Name		orized Representative) (D	Pate)
(Phone Numb	er) (Fax Number)		
394 329-1056	304 329-1217	mjj@aquafix.com	
(Email Addre	ss)		

### ABANDONED MINE LANDS (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 Reclamation and Enforcement (OSMRE) to determine if you are eligible to receive an AML contract. This requirement can be found under OSMRE's regulations at 30 CFR 874.16. **NOTE:** This form must be signed and **dated within 30 days** of submission to be considered for a current bid.

Part A: General Information

Business Name:	AOUATIV CVCTEMO INIO	
Tax ID #:	AQUAFIX SYSTEMS INC 36-4529453	
Address:	301 MAPLE LANE	
City, State, & Zip:		
Phone Number:	KINGWOOD, WV 26537	
Email Address:	304 329-1056	
Email Address:	mjj@aquafix.com	
Part B: Obtain an	Organizational Family Tree (OF)	Γ) from the Applicant Violator System (AVS)
Instructions for dov files/2022-02/OMB	vnloading an OFT from the AVS ca	ubmit updates under Part C, you must include an OFT.  n be found at: <a href="https://www.osmre.gov/sites/default/f">https://www.osmre.gov/sites/default/f</a> . If you require assistance you may contact the AVS elp@osmre.gov.
Part C: Certifying	and updating information in the	AVS
Select one of the op	tions, follow the instructions for the	selected option, sign, and date below.
I, MICHAEL JENKINS	nt Name)	, have express authority to certify that:
(1111)	it (vame)	
1. Our busine this option	ess is listed in the AVS. The information, you must attach an Entity OFT f	ation is accurate, complete, and up to date. (If you selection the AVS to this form). Do not complete Part D.
2. Our busine attach an corrected	ss is in the AVS. The information n Entity OFT from the AVS to this follows:	eeds to be updated. (If you select this option, you mus orm). Complete Part D to provide the missing or
3. Our busine the information of	ess is not listed in the AVS. The information.	ormation needs to be added. Complete Part D to provid
6/3/24	Michael Je	PRESIDENT
Date	/ Signatur	Title



# AVS OFT Report - 6/3/2024 11:42:45 AM

# All OFT's where the selected entity is listed as an entity or related entity

## Entity Selected (248015) Aquafix Systems Inc

Parent Entity	Relationship	Description	Related Entity	% Ownership	Begin Date	End Date
(248015) Aquafix Systems Inc	Owner		(248014) Michael J Jenkins	100%	3/4/2003	
(248015) Aquafix Systems Inc	President		(248014) Michael J Jenkins		3/4/2003	
(248015) Aquafix Systems Inc	Director		(248014) Michael J Jenkins		3/4/2003	
(248015) Aquafix Systems Inc	Secretary		(248014) Michael J Jenkins		3/4/2008	