

VENDOR

BID OPENING DATE:

LINE

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SIGNATURE

DATE PRINTED

06/03/2012

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

TERMS OF SALE

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CAT.

962-73

07/26/2012

Request for Quotation

SHIP VIA

RFQ NUMBER

DEP15910

PA	GE
1 /	CIL

ADDRESS CORRESPONDENCE TO ATTENTION OF

GUY NISBET 304-558-8802

RFQ COPY TYPE NAME/ADDRESS HERE Morgan Corp. PO Box 480130

QUANTITY

(HARRISON CO.).

06/27/12 a 10:00 AM.

Charlotte, NC 28269 Attn: Jason Powers

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE

CHARLESTON, WV 25304 304-926-0499 F.O.B. **FREIGHT TERMS** BID OPENING TIME 01:30PM ITEM NUMBER UNIT PRICE AMOUNT RECLAMATION: RESTORATION OF LAND & OTHER PROPERTIES REQUEST FOR QUOTATION THE WEST VIRGINIA PURCHASING DIVISION, ON BEHALF OF TH WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, IS SOLICITING BIDS FROM QUALIFIED CONTRACTORS FOR A CONTRACT TO PROVIDE ALL LABOR AND MATERIALS FOR THE RECLAMATION OF 3-ACRE ABANDONED MINE PROJECT KNOWN AS THE "SHINNSTON (SHINNS RUN) PORTALS & AMD PROJECT. THE SITE IS LOCATED AT SHINNSTON, WEST VIRGINIA,

MANDATORY PRE-BID SHALL RESULT IN DISQUALIFICATION OF NO ONE PERSON MAY REPRESENT MORE THAN ONE THE BID. ALSO, PREBIDS WILL INVOLVE EXTENSIVE FOOT TRAVEL OVER DIFFICULT TERRAIN AND/OR DURING INCLEMENT 2012 JUL 26 AM 10: 03 WEATHER. AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY PRE-BID. FAILURE TO PROVIDE YOUR COMPANY AND REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN DISQUALIFICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE.

A MANDATORY ON SITE PREBID CONFERENCE SHALL BE HELD ON

REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND THE

W PURCHASING DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

ALL INTERESTED PARTIES ARE

704-598-9117

ADDRESS CHANGES TO BE NOTED ABOVE 57-0523479 Assistant Secretary

THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE

GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

- 1. Awards will be made in the best interest of the State of West Virginia.
- 2. The State may accept or reject in part, or in whole, any bid.
- 3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
- 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
- 5. Payment may only be made after the delivery and acceptance of goods or services.
- 6. Interest may be paid for late payment in accordance with the West Virginia Code.
- 7. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 10. The laws of the State of West Virginia and the Legislative Rules of the Purchasing Division shall govern the purchasing process.
- 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 12. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 13. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.html and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
- 14. CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf.
- 15. LICENSING: Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
- 16. ANTITRUST: In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

- 1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
- 2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as EQUAL to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
- 3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
- 4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
- 5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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Morgan Corp. PO Box 480130 Charlotte,NC 28269

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Attn: Jason POwers

ENVIRONMENTAL PROTECTION
DEPARTMENT OF
OFFICE OF AML&R
601 57TH STREET SE

CHARLESTON, WV 25304

304-926-0499

DATE PRINTED		TE	RMS OF SAL	E	SHIP VIA	F.O.B.	FREIGHT TERMS
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nt Secretary 57-0523479 ADDRESS CHANGÉS TÓ BE NOTED ABOVE WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

704-598-9117



VENDOR

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

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SH-P

Mongan Conp. PO Box 480130 Charlotte, NC 28269 Attn: Jason Powers

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ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

25304 304-926-0499

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57-0523479



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

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Mongan Conp. PO Box 480130 Charlotte, NC 28269 Attn: Jason Powers

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CHARLESTON, WV 25304

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57-0523479

TELEPHONE 704-598-9117

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ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

304-926-0499

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Assistant Secretary 57-0523479 ADDRESS CHANGES TO BE NOTED ABOVE

DATE

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

704-598-9117



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Morgan Corp.

PO Box 480130

Charlotte, NC 28269

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ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE

CHARLESTON, WV 25304

304-926-0499

Attn: Jason Powers DATE PRINTED TERMS OF SALE SHIP VIA F.O.B. FREIGHT TERMS 06/03/2012 BID OPENING DATE: 07/26/2012 BID OPENING TIME 01:30PM CAT. LINE QUANTITY UOP ITEM NUMBER **UNIT PRICE AMOUNT** THE COST FOR EACH CONTRACT ITEM USED DOES NOT Α. EXCEED ONE TENTH OF ONE PERCENT (.1%) OF THE TOTAL CONTRACT COST OR TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500.00), WHICHEVER IS GREATER. FOR THE PURPOSES OF THIS SECTION, THE COST IS THE VALUE OF THE STEEL PRODUCT AS DELIVERED TO THE PROJECT OR, THE DIRECTOR OF THE PURCHASING DIVISION DETERMINES THAT SPECIFIED STEEL MATERIALS ARE NOT PRODUCED IN THE UNITED STATES IN SUFFICIENT QUANTITY OR OTHERWISE ARE NOT REASONABLY AVAILABLE TO MEET CONTRACT REQUIREMENTS. A CONTRACTOR WHO USES STEEL PRODUCTS IN VIOLATION OF THIS SECTION MAY BE SUBJECT TO CIVIL PENALTIES PURSUANT TO WV CODE SECTION 5A-3-56. REV. 10/01/01 EXHIBIT 7 DOMESTIC ALUMINUM, GLASS & STEEL IN PUBLIC WORKS PROJECTS IN ACCORDANCE WITH WEST VIRGINIA CODE 5-19-1 ET., SEQ., EVERY CONTRACT FOR CONSTRUCTION, RECONSTRUCTION, ALTERATION, REPAIR, IMPROVEMENT OR MAINTENANCE OF

SEE REVERSE SIDE	FOR TERMS AND CONDITIONS	
SIGNATURE Homos Han Vy-	TELEPHONE 704-598-9117	DATE 7/25/2017
Assistant Secretary 57-0523479	AC	DDRESS CHANGES TO BE NOTED ABOVE

PUBLIC WORKS, WHERE THE COST IS MORE THAN \$50,000 AND, IN THE CASE OF STEEL ONLY, WHERE THE COST OF STEEL IS MORE THAN \$50,000 OR WHERE MORE THAN 10,000 POUNDS OF STEEL ARE REQUIRED, THE STATE WILL ACCEPT ONLY ALUMINUM GLASS, OR STEEL PRODUCTS PRODUCED IN THE UNITED STATES. IN ADDITION, ITEMS OF MACHINERY OR EQUIPMENT PURCHASED FOR USE AT THE SITE OF PUBLIC WORKS SHALL BE MADE OF DOMESTIC ALUMINUM, GLASS OR STEEL, UNLESS THE COST OF



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Attn: Jason Powers

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ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

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Mongan Conp.
PO Box 480130
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SIGNATURE

0/2-

TELEPHONE 704-598-9117

DATE 7/25/2012

Assistant Secretary

57-0523479

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Shinnston (Shinns Run) Portals & AMD DEP15910 Contractor's Bid Sheet

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

TEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1.0	1	Mobilization/Demobilization (Shall Not Exceed 5%) (Lump Sum)	L.S.	\$ 103,035.18
2.0	1	Construction Layout (Shall Not Exceed 3%) (Lump Sum)	L.S.	\$ 63,781.59
3.0	1	Quality Control (Shall Not Exceed 2%) (Lump Sum)	L.S.	\$ 61,746.04
4.1	1	Site Preparation (Shall Not Exceed 10%) (Lump Sum)	L.S.	\$ 32,235.22
4.2	3,211	Woven Fabric (per Square Yard)	\$1.92	\$ 6,165.12
4.3	1,050	Class I Aggregate (per Ton)	\$36.95	\$ 38,797.50
4.4	1	Gate (per Each)	\$1,583.23	\$ 1,583,23
5.1	1,510	Sediment Control (per Linear Foot)	\$5.58	\$ 8,425.80
5.2	300	Erosion Control (As Needed)(per Linear Foot)	\$9.27	\$ 2,781.00
6.0	1.5	Revegetation (per Acre)	\$12,755.73	\$ 19,133.60
7.1	750	12" Rip Rap Channel (2' Bottom) (per Linear Foot)	\$35.43	\$ 26,572.50
7.2	45	12" Grouted Rip Rap Channel (2' Bottom) (per Linear Foot)	\$80,64	\$ 3,628.80
7.3	680	Vegetated Vee Road Ditch (per Linear Foot)	\$17.27	\$ 11,743.60
7.4	170	Reinforced Vegetated Vee Yard Ditch (per Linear Foot)	\$51.24	\$ 8,710.80
7.5	2	Low Water Crossings (per Each)	\$17,212.22	\$ 34,424.44
8.1	2,000	Unclassified Excavation (per Cubic Yard)	\$10.42	\$ 20,840.00
9.1	8	Wet Mine Seals (per Each)	\$5,721.99	\$ 45,775.92
9.2	500	12" Conveance Pipe (per Linear Foot)	\$47.89	\$ 23,945.00
9.3	100	Soda Ash Briquettes (50#) (per Each)	\$27.45	\$ 2,745.00
11.1	80	Class I Aggregate (per Ton)	\$83.37	\$ 6,669.60
11.2	370	Wearing I Asphalt (per Ton)	\$164.92	\$ 61,020.40

, Shinnston (Shinns Run) Portals & AMD DEP15910 Contractor's Bid Sheet

12.1	760	Pilot Holes (per Linear Foot)	\$24.54	\$ 18,650.40
12.2	760	16 inch Diameter Steel Casing (per Linear Foot)	\$522.20	\$396,872.00
12.3	760	12 inch Diameter SDR-35 PVC Pipe (per Linear Foot)	\$47.89	\$ 36,3%.40
12.4	30	Soda Ash Briquettes (50#) (per Each)	\$27.45	\$ 823.50
13.1	4,500	Drilling and Casing Angled Injection Holes (per Linear Foot)	\$23.32	\$104,940.00
13.2.1	11,000	Purchasing, Handling and Placing Concrete (per Cubic Yard)	\$177.67	\$1,954,370.00
13.2.2	300	Purchasing, Handling and Placing Fine Aggregate (per Ton)	\$46.64	\$ 13,992.00
13.2.3	500	Purchasing, Handling and Placing Coarse Aggregate (per Ton)	\$46,64	\$ 23,320.00
13.3	250	Conformation Holes (per Linear Foot)	\$78.63	\$ 19,657.50
13.4	40	Borehole Photography (per Hour)	\$99.95	\$ 3,998.00
13.5	1	Traffic Control (Lump Sum)	\$82,137.46	\$ 82,137.46
14	1,300	Line Striping (per Linear Foot)	\$6.60	\$ 8,580.00
		TOTAL		\$3,247,497.60

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: DEP15910

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)

[,	χ]	Addendum No. 1	[]	Addendum No. 6
[]	Addendum No. 2	[]	Addendum No. 7
]]	Addendum No. 3	[]	Addendum No. 8
]]	Addendum No. 4	[j	Addendum No. 9
1]	Addendum No. 5	[]	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.

Company

Authorized Signature

Thomas L Harrill, In
Assistant Secretary/Chief Estimaton

July 25,2012 Date

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



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

TATE OF North Carolina
OUNTY OF <u>Mecklenburg</u> , TO-WIT:
Thomas L. Hannill, In, after being first duly sworn, depose and ate as follows:
I am an employee of <u>Mongan Conp.</u> ; and, (Company Name)
I do hereby attest that <u>Mongan Conp.</u> (Company Name)
maintains a valid written drug free workplace policy and that such policy is in compliance with West Virginia Code §21-1D-5.
e above statements are sworn to under the penalty of perjury.
By: Mongan Conp. (Company Name) By: Monas L. Hannill, In. Title: Assistant Secretary
Date:
ken, subscribed and sworn to before me this 25 day of $July$. 201
Commission expiresOctober 22,2015
(Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

RFQ No.	DEP15910
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STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: 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 the debt owed is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

WITNESS THE FOLLOWING SIGNATURE

"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.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "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.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this 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.

Under penalty of law for false swearing (West Virginia Code §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

Vendor's Name: ______Mongan Conp. Authorized Signature: Thomas L. Hannill, In. State of North Carolina County of <u>Mecklenburg</u>, to-wit: My Commission expires October 22,2015, 20___. NOTARY PUBLIC They Hullard AFFIX SEAL HERE

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.

Part A: General Information

Business Name: Mongan Conp. Tax Payer ID No.: 57-0523479 Address: PO Box 480130 Zip Code: 28269 Phone: 704-598-9117 Fax No.: 704-598-5973 E-mail address: jpowens@mongan-conp.com
Part B: Legal Structure
(x) Corporation () Sole Proprietorship () Partnership () LLC () Other (please specify)
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, Thomas L. HAnnill, In., have the express authority to certify that: (print name)
1Information 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. Use Part D to provide the missing or corrected information. Sign and date below and complete Part D.
3 Our business currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D.

IMPORTANT! In order to certify in Part C to the accuracy of existing information in AVS, you must obtain a copy of your business' Entity OFT. To obtain an Entity OFT, contact the AVS Office, toll-free, at 800-643-9748 or from the AVS website at https://avss.osmre.gov.

Part D.

Contractor's Business Name:	Mongan	Corp.
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If the current Entity OFT information for your business is incomplete or incorrect 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.

Name Address Begin Date:	Stewart H. Johnson PO Box 3555 Spartanlurg, SC 29304 5/21/1971	Position/Title Chairman/Director Telephone # 864-433-8800 % of Ownership 69.4462 Ending Date:
Name Address Begin Date:	David G. Johnson PO Box 3555 Spantankung, SC 29304 11/29/1999	Position/Title
Name Address Begin Date:	Timothy C. Halligan PO Box 3555 Spartankurg, SC 29304 10/19/1987	Position/Title Telephone # % of Ownership Ending Date: President/Director 864-433-8800 0 Ending Date:
	Rita D. Brown PO Box 3555 Spantanhung, SC 29304 5/21/1984	Position/Title Vice President of Finance Secretary/Treasurer Telephone # 864-433-8800 W of Ownership O 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.

Part D.

Contractor's Business Name:	Morgan	Corp.		
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If the current Entity OFT information for your business is incomplete or incorrect 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.

Name Address Begin Date:	James D. Lynch PO Box 480130 Charlotte, NC 28269 3/18/1991	Position/Title Telephone # % of Ownership Ending Date:	President-Charlotte Div. Assistant Secretary 704-598-9117
Name Address Begin Date:	Robert P. Mina PO Box 3555 Spartanburg, SC 29304 1/1/1989	Position/Title Telephone # % of Ownership Ending Date:	VP of Estimating Assistant Secretary 864-433-8800
Name Address Begin Date:	7homas L. Harrill, Jr. PO Box 480130 Charlotte, NC 28269 8/28/2006	Position/Title Telephone # % of Ownership Ending Date:	Chief Estimator Assistant Secretary 704-598-9117
Name Address Begin Date:	Stewart H. Johnson, In PO Box 3555 Spantanlung, SC 29304 3/18/1998	Position/Title Telephone # % of Ownership Ending Date:	<u>President-Equ</u> ipment Div. 864-433-8800 13.0234

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

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Part D.

Contractor's Business Name:	Morgan	Corp.	
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If the current Entity OFT information for your business is incomplete or incorrect 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.

Name Address	A.E. Applelaum PO Box 3555	Position/Title Telephone #	<u>VP pf Human Re</u> sources <u>864-433-8800</u>
Begin Date:	Spartankurg, SC 29304 1/26/1998	% of Ownership Ending Date:	0
Name Address		Position/Title Telephone #	
Begin Date:		Ending Date:	
Name Address		Position/Title Telephone #	
Begin Date:		Ending Date:	-
Name Address		Position/Title Telephone #	
Begin Date:		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.

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Form W=9
(Rev. December 2011)
Department of the Treasury

Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)				
7	Business name/disregarded entity name, if different from above				
ge	Morgan Corp.				
ра	Check appropriate box for federal tax classification:				
00	☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation	☐ Partnership ☐ Trust/e	estate		
pe					
Morgan Corp. Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual				Exempt payee	
Print c Ins	☐ Other (see instructions) ▶				
citi	Address (number, street, and apt. or suite no.)	Requ	uester's name and address (option	nal)	
Spe	PO Box 480130				
9	City, state, and ZIP code				
Ň	Charlotte, NC 28269				
	List account number(s) here (optional)				
100					
Par	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Entery	your TIN in the appropriate box. The TIN provided must match the nam	e given on the "Name" line	Social security number		
reside	d backup withholding. For individuals, this is your social security numb nt alien, sole proprietor, or disregarded entity, see the Part I instruction:	s on page 3. For other			
entities	s, it is your employer identification number (EIN). If you do not have a n	umber, see How to get a			
	page 3.				
Note.	If the account is in more than one name, see the chart on page 4 for gu	ıidelines on whose	Employer identification nun	nber	
numbe	r to enter.		5 7 - 0 5 2 3	4 7 9	
la kan		11		7 7 3	
Part					
	penalties of perjury, I certify that:	90. 9 1909 2			
	number shown on this form is my correct taxpayer identification numb				
Sen	n not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding, and	kup withholding, or (b) I have to report all interest or divi	ve not been notified by the Int idends, or (c) the IRS has not	ternal Revenue ified me that I am	
3. I am	a U.S. citizen or other U.S. person (defined below).				
interest genera	cation instructions. You must cross out item 2 above if you have been be you have failed to report all interest and dividends on your tax return paid, acquisition or abandonment of secured property, cancellation of ally, payments other than interest and dividends, you are not required to tions on page 4.	 For real estate transaction f debt, contributions to an ir 	s, item 2 does not apply. For	mortgage	
Sign Here	Signature of U.S. person ► Shell Humby	Date ▶	7-27-12	ä	
Gene	eral Instructions	vivo ex Constitution of	you a form other than Form V	V-9 to request	

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Agency	Depa	rtment	of	Administration
REQ.P.	O# D	EP15910)	

BID BOND

	WN	NALALI MENIDV	THESE PRESENTS, That we, the	e undersigned, Mo	organ Corp.		
	- 6	Charlotte.	· North Carolina	a	, as Principal, and .	Liberty Mutual Ins	urance Compan
	01	D 1	Massachusetts	a corporation org	anized and existing	g under the laws of the	State of
MA		no to	-in-I office in the City of Roston		as Surety, are hel	ld and firmly bound unto	the State
	-1 Visai	with its pin	the penal sum of 5% of bid		(\$) for the payme	ent of which,
of wes	st virgi ad tauli	ito be made, we	jointly and severally bind ourselve	es, our heirs, admi	nistrators, executor	rs, successors and assi	gns.
well al							
	The	Condition of the	above obligation is such that whe	reas the Principal	has submitted to the	he Purchasing Section of	of the
Denar	tment	of Administration	a certain bid or proposal, attached	d hereto and made	e a part hereof, to e	enter into a contract in v	vriting for
Debai	(ITICITE)	Shinnston (Shinns Run) Portals and AMD				
		RFQ # DEP15	910				
		County of H	arrison, W.Va.				
		W THEREFORE					
agree	(b) and soment of	shall furnish any c created by the act	be rejected, or be accepted and the Principal shap accepted and the Principal shap there bonds and insurance require ceptance of said bid, then this oblication and agreed that the label obligation as herein stated.	ed by the bid of bid	Jposai, and shanii	ise this obligation shall	remain in full
way ii notice	mpaire e of an	d or affected by y such extension		nich the Oblige III	ay accept such bio.	, unit care	STATE OF THE STATE
	IN	WITNESS WHE	REOF, Principal and Surety have	hereunto set their	hands and seals, a	and such of them as are	corporations
have	cause	d their corporate	seals to be affixed hereunto and t	hese presents to	be signed by their p	proper officers, this	
			, 20 12				
Princ	ipal Co	orporate Seal			Morgan Corp.	(Name of Principal) (Must be President or Vice President)	
Sure	ty Corp	porate Seal				(Title) al Insurance Compan (Name of Surety)	Lynch Divison
				н. т	homas Dawkins	Attorney-in-Fact	

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals must be affixed; a power of attorney must be attached.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated

Certificate No.

American Fire and Casualty Company The Ohio Casualty Insurance Company West American Insurance Company

Liberty Mutual Insurance Company Peerless Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of
the State of Ohio, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, that Peerless Insurance Company is a corporation
duly organized under the laws of the State of New Hampshire, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein
collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, H. THOMAS DAWKINS, HUNTER T. DAWKINS,

CHARLOTTE , state of NORTH CAROLINA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 24th day of 2012

GAN FIR SEAL

bank deposit,

credit,

ō

letter

loan,

note,

ģ

Not val

currency

guarantees

rate or residual value









American Fire and Casualty Company The Ohio Casualty Insurance Company Liberty Mutual Insurance Company Peerless Insurance Company West American Insurance Company

Gregory W. Davenport, Assistant Secretary

STATE OF WASHINGTON COUNTY OF KING

, 2012, before me personally appeared Gregory W. Davenport, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Company, Peerless Insurance Company and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Seattle, Washington, on the day and year first above written.



By: KD Riley, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, West American Insurance Company and Peerless Insurance Company, which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys in fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Gregory W. Davenport, Assistant Secretary to appoint such attorney-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and biding upon the Company with the same force and effect as though manually affixed.

I, David M. Carey, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, West American Insurance Company and Peerless Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 27th day of 504 g

David M. Carey, Assistant Secretary

CORPORAZ SEAL











July 27, 2012

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

Re: Morgan Corp. - Prequalification Letter
Project: Shinnston(Shinns Run) Portals and AMD;RFQ#DEP15910

Gentlemen:

The Bond Network has the pleasure of servicing the surety bond needs of Morgan Corp. We have found that Morgan Corp. is more than adequately financed and equipped to handle their obligations. The management team is experienced and employs sound management practices not always present in large construction firms.

Currently, bonds are being underwritten by Liberty Mutual Insurance Company. Liberty Mutual is the second largest surety underwriter in the United States and enjoys an "A" rating by the A.M. Best Company.

Bonding capacity has been extended to Morgan Corporation as high as \$200,000,000 with single projects in excess of \$100,000,000. Please keep in mind that these limits should not be construed to be maximums as we would consider more capacity on a specific basis.

Please be advised that we will give favorable consideration to a request for Performance and Payment Bonds should they be awarded a contract.

As always, we reserve the right to review current underwriting data including, but not limited to specific contract language, bond forms and evidence of adequate project financing. The decision to issue bonds is a matter between contractor and surety and no third party liability is extended to you.

Should you need any additional information please give me a call at your earliest convenience.

Sincerely

H. Thomas Dawkins Attorney-in-Fact

Liberty Mutual Insurance Company

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/27/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

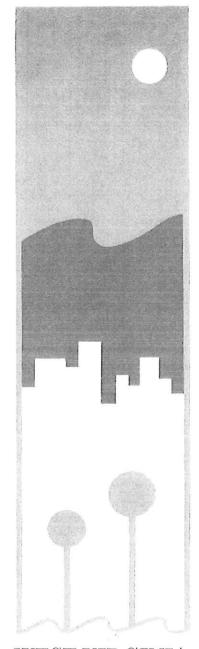
PRODUCER	CONTACT JIII Clark			
Cameron M. Harris & Co., LLC PO Box 220948 6400 Fairview Road (28210)	PHONE (A/C, No, Ext): 704 364-1233 FAX (A/C, No): 1-888-36 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE			
Charlotte, NC 28222-0948	INSURER A: Zurich American Insurance Compa			
INSURED	INSURER B: St Paul Fire & Marine			
Morgan Corp. 1800 East Main Street	INSURER C:			
Duncan, SC 29334	INSURER D:			
Dunican, 30 29004	INSURER E:			
	INSURER F:			
COVERACEC CERTIFICATE NUMBER	DEL//OLON AU MADED			

_	VOV	ERAGES CER	HEIL	AIE	NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD									
ı	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS								
	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
IN	SR TR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
1	4	GENERAL LIABILITY	Х		CPO948777701			EACH OCCURRENCE	\$1,000,000
ı		X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
ı		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
ı	-	X Contractual Liab.						PERSONAL & ADV INJURY	\$1,000,000
Т	-	X Explosive/Collapse						GENERAL AGGREGATE	\$2,000,000
L	-	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
L	_	POLICY X PRO- JECT LOC							\$
1	A	AUTOMOBILE LIABILITY	Х		BAP948764501	07/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ı		X ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
ı		X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
L									\$
	3	X UMBRELLA LIAB X OCCUR			ZUP14R9864812NF	07/01/2012	07/01/2013	EACH OCCURRENCE	\$15,000,000
ı	-	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$15,000,000
L	4	DED X RETENTION \$10000							\$
1		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC948764601	07/01/2012	07/01/2013	X WC STATU- TORY LIMITS OTH- ER	
ı		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A				E.L. EACH ACCIDENT	\$1,000,000
ı		(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
L	4	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	- 1								
1									
L									
15		DIDTION OF ODERATIONS (LOSATIONS (MELLIS							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
Project: Shinnston (Shinns Run) Portals and AMD. Description: Earthwork. No work in mines. Location: County of Harrison, W. VA. West Virginia Department of Enviornmental Protection Office Of Abandoned Mine Lands & Reclamation, James S. and Nancy T. Jarrett, Goldie Richards and the City of Shinnston are hereby an Additional Insured with regards to the Automobile Liability and General Liability Policies. If policies are cancelled by the issuing company during the policy term, for other than nonpayment of premium, the issuing (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
West Virginia Department of Enviornmental Protection Office Of Abandoned Mine Lands &	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Reclamation 601 57th St. SE	AUTHORIZED REPRESENTATIVE
Charleston, WV 25304-2345	Bur Boyl

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WEST VIRGINIA CONTRACTOR LICENSING BOARD

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV002455

Classification:

GENERAL ENGINEERING SPECIALTY

MORGAN CORPORATION
DBA MORGAN CORPORATION
PO BOX 3555
SPARTANBURG, SC 29304-3555

Date Issued

AUGUST 28, 2011

Expiration Date

AUGUST 28, 2012

Authorized Company Signature

A C+0 (20 A 0 - 6

Chair, West Virginia Contractor

Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.