



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

Solicitation

NUMBER	PAGE
DEP16190	1

ADDRESS CORRESPONDENCE TO ATTENTION OF

FRANK WHITTAKER
 304-558-2316

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE

DCI / Shires, Inc.
 P. O. Box 1259
 Bluefield, WV 24701

SHIP TO

ENVIRONMENTAL PROTECTION
 DEPARTMENT OF
 OFFICE OF AML&R
 601 57TH STREET SE
 CHARLESTON, WV
 25304 304-926-0499

05/23/13 10:43:09 AM
 West Virginia Purchasing Division

DATE PRINTED
 04/08/2013

BID OPENING DATE: 05/23/2013 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		962-73		90,200 ⁰
<p>RECLAMATION: RESTORATION OF LAND & OTHER PROPERTIES</p> <p>REQUEST FOR SOLICITATION</p> <p>THE WEST VIRGINIA PURCHASING DIVISION, ON BEHALF OF THE 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 1-ACRE ABANDONED MINE PROJECT KNOWN AS THE "LEEVAL (WILLIAMS) PORTALS" PROJECT. THE SITE IS LOCATED IN WHITESVILLE, WEST VIRGINIA, (RALEIGH CO.).</p> <p>A MANDATORY ON SITE PREBID CONFERENCE SHALL BE HELD. PREBID WILL INVOLVE EXTENSIVE FOOT TRAVEL OVER DIFFICULT TERRAIN AND/OR DURING INCLEMENT WEATHER.</p> <p>THE PRE-BID MEETING DESCRIBED IN THIS SOLICITATION WILL INCLUDE A SITE VISIT OF RESTRICTED ACCESS AREAS. DUE TO THE ACCESS LIMITATIONS, ALL VENDORS MUST BE PRESENT AT THE PRE-BID MEETING AT THE TIME THE SITE VISIT OF THE RESTRICTED ACCESS AREA COMMENCES. ANY VENDOR NOT PRESENT AT THE PRE-BID MEETING WHEN THE SITE VISIT OF THE RESTRICTED ACCESS AREA BEGINS WILL BE DEEMED TO HAVE MISSED THE PRE-BID MEETING.</p> <p>DIRECTIONS TO PREBID:</p> <p>FROM CHARLESTON, TAKE I-64 EAST TO EXIT 89 (HARMET). AT END OF THE EXIT RAMP, TURN RIGHT ONTO WV94 SOUTH. TRAVEL 9.8 MILES AND TURN LEFT ON HWY 3 EAST TOWARD</p>						

SIGNATURE: *[Signature]* TELEPHONE: 304 323-1996 DATE: 5/23/13

TITLE: President FEIN: 64-1944474 ADDRESS CHANGES TO BE NOTED ABOVE

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



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WHITESVILLE. TRAVEL 20 MILES ON HWY 3 TO WHITESVILLE.
JUST AS YOU ENTER INTO RALEIGH COUNTY, TURN LEFT ON
CR 1 (CLEAR FORK ROAD), GO 0.6 MILES ON CR 1 AND TURN
LEFT ON CR 1/21 (NORTH LEEVALE ROAD). CROSS BRIDGE AND
GO 0.2 MILES AND TURN LEFT ON LOGGING ROAD. PROJECT IS
AT THE TOP OF THE HILL.

CONTACT & PH.#: MIKE CUTRIGHT, 304-842-1900

PLANS & SPECS MAY BE OBTAINED BY THE FOLLOWING METHODS:
1) BY REQUEST, ON CD FROM THE WV DEPT. OF ENVIRONMENTAL
PROTECTION, OFFICE OF AML & R, WITH NO CHARGE TO THE
CONTRACTOR FOR THE CD OR MAILING. CALL LAWRENCE
BURGESS, PH. 304-926-0499, EXT. 1668 OR 304-926-0485
TO ORDER CD.
2) PLANS AND SPECIFICATIONS WILL BE MADE AVAILABLE,
ON CD, TO PRINT COMPANIES IN CHARLESTON, CLARKSBURG,
AND OTHER AREAS UPON REQUEST.
***** THE CONTRACTOR WILL BE RESPONSIBLE FOR ALL
PRINTING COSTS. *****

AML CONTRACTOR INFORMATION FORM OMB #1029-0119
(EXPIRATION DATE: 01/31/2013) IS ATTACHED. YOU MUST
COMPLETE THIS ORIGINAL FORM TO OBTAIN AN AVS DATA
EVALUATION TO DETERMINE YOUR ELIGIBILITY AS AN AML
CONTRACTOR. THIS IS A REQUIREMENT UNDER 30 CFR 874.16
IF THE ORIGINAL OMB #1029-0119 IS NOT ATTACHED TO THE
BIDDING DOCUMENTS YOU CAN CONTACT THE AVS OFFICE AT
800-643-9748 OR WWW.AVS.OSMRE.GOV

SIGNATURE
TITLE: President
FEIN: 541944474
TELEPHONE: 304 323 1996
DATE: 5/23/13
ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>(1) GUARANTEE AND MAINTENANCE:</p> <p>(A) THE MATERIALS AND WORKMANSHIP AFFECTED BY THE CONTRACTOR ARE SUBJECT TO THE GUARANTEE ESTABLISHED BY CUSTOM OF THE RESPECTIVE TRADES. IN THE ABSENCE OF A TRADE GUARANTEE CUSTOM OR A SPECIAL GUARANTEE PROVISION, THE WORK, BOTH AS TO THE MATERIALS AND WORKMANSHIP, SHALL UPON ACCEPTANCE OF FINAL PAYMENT BY THE CONTRACTOR BE CONSIDERED GUARANTEED BY THE CONTRACTOR FOR ONE YEAR FROM THE DATE OF THE ACCEPTANCE OF THE WORK. NEITHER THE FINAL ACCEPTANCE NOR THE FINAL PAYMENT SHALL RELIEVE THE CONTRACTOR OF RESPONSIBILITY FOR NEGLIGENCE OR FAULTY MATERIALS, AND FOR DEFECTS APPEARING WITHIN THE GUARANTEE PERIOD SHALL BE REMEDIATED AT THE EXPENSE OF THE CONTRACTOR UPON WRITTEN NOTICE.</p> <p>(B) DURING THE ONE-YEAR GUARANTEE PERIOD, THE CONTRACTOR WILL MAINTAIN THE PROJECT TO THE CONDITIONS EXISTING AT THE DATE OF THE ACCEPTANCE OF THE WORK. ANY FAILURES DUE TO THE NEGLIGENCE OR WORKMANSHIP OF CONTRACTOR IN ANY OF THE WORK THAT DEVELOPS DURING THE GUARANTEE PERIOD SHALL BE CORRECTED BY THE CONTRACTOR AT ITS EXPENSE.</p> <p>(C) THE ONE-YEAR GUARANTEE PERIOD SHALL NOT BE CONSTRUED AS BEING AN EXTENSION OF THE PERFORMANCE TIME ALLOTTED FOR WORK UNDER THE CONTRACT.</p> <p>(D) GUARANTEES CONCERNING REVEGETATION MAY BE FURTHER DEFINED IN THE TECHNICAL SPECIFICATIONS CONTAINED HEREIN.</p> <p>(2) IT SHALL BE THE RESPONSIBILITY OF THE SUCCESSFUL VENDOR TO:</p> <p>(A) OBTAIN ALL NECESSARY DIVISION OF HIGHWAYS PERMITS FOR ALL TRANSPORTATION OF EQUIPMENT AND MATERIALS TO AND FROM THE JOB SITE.</p> <p>(B) OBTAIN ANY AND ALL REQUIRED CONSTRUCTION PERMITS OR RELATED JOB PERMITS.</p>						

SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	304 323 1996	5-23-13
TITLE	ESIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	591944474	

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				<p>(3) TECHNICAL SPECIFICATIONS: ALL WORK UNDER THIS CONTRACT SHALL BE IN ACCORDANCE WITH THE SPECIFICATIONS PREPARED FOR THE RECLAMATION OF THE "LEEVAL (WILLIAMS) PORTALS" PROJECT. SAID PLANS & SPECS ARE INCORPORATED HERE IN BY REFERENCE AND ALL PROVISIONS, CLAUSES AND CONDITIONS THEREIN ARE MADE PROPERLY A PART OF THIS CONTRACT, AND CONSISTS OF 7 DRAWINGS AS PREPARED IN-HOUSE BY THE WVDEP/AML.</p> <p>(4) PAYMENTS AND COMPLETION: THE CONTRACTOR SHALL FURNISH TO DEP AN APPLICATION FOR PAYMENT WITH AN ITEMIZED SCHEDULE OF VALUES AS HEREIN BEFORE REQUESTED. THE FORM INCLUDED IN THE SPECIFICATIONS SHALL BE USED FOR APPLICATIONS OF PAYMENT. IT IS THE DEP'S INTENT THAT THE PAYMENT TO THE CONTRACTOR BE MADE WITHIN 60 DAYS AFTER RECEIPT OF APPLICATION FOR PAYMENT.</p> <p>(5) APPLICATION FOR PARTIAL PAYMENT: THE CONTRACTOR MAY, ON A PERIODIC BASIS, SUBMIT FOR PARTIAL PAYMENT BASED ON THE AMOUNT OF WORK COMPLETED AT THE TIME OF THE SUBMITTAL. THE AMOUNT OF PAYMENT WILL BE DETERMINED FROM THE ACTUAL QUANTITY OF WORK COMPLETED IF BASED UPON UNIT MEASURES OR THE PERCENT COMPLETED IF BASED UPON A LUMP SUM.</p>		

SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	304 323-1996	5-23-13
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	541944474	

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LINE	QUANTITY	UOP	CAT. NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ DEP16190 ***** TOTAL:						90,200

SIGNATURE: *[Signature]* TELEPHONE: 304 323 1996 DATE: 5/23/13
 TITLE: President FEIN: 54 1944474 ADDRESS CHANGES TO BE NOTED ABOVE

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

Leeval (Williams) Portals

DEP16190
Contractor's Bid Sheet

Company Name: DCI / Shires, Inc.
 Address: P. O. Box 1259
Bluefield, WV 24701

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
				LS	9000
1.0	1	LS	Mobilization and Demobilization (Limited to 10% of Total Bid)	LS	4500
2.0	1	LS	Construction Layout (Limited to 5% of Total Bid)	LS	2500
3.0	1	LS	Quality Control (Limited to 3% of Total Bid)	LS	9000
4.0	1	LS	Site Preparation (Limited to 10% of Total Bid)	35	12,250
4.1	350	TN	Access Road Stone	6	1080
5.0	180	LF	Silt Fence Sediment Control	8	1520
5.1	190	LF	12" Straw Wattles Erosion Control	50	1250
5.2	25	TN	Stone Construction Entrance (70' x 12' Width)	5000	5000
6.0	1	LS	Revegetation	475	775 1900
7.0	4	EA	Splash Pads	10,000	10,000
9.1	1	EA	Bat Gate/Mine Seal With Drainage System	8000	24,000
9.2	3	EA	Bat Gate/Mine Seal Without Drainage System	50	3200
9.3	64	LF	Mine Seal Conveyance Pipe (12" PVC SDR-35)	55	550
9.4	10	EA	Soda Ash Briquettes (50 LB Bags)	75	3750
11.1	50	LF	3' x 3' Underdrain (12" PVC SDR-35)	70	700
11.2	10	LF	Underdrain Conveyance Pipe (12" PVC SDR-35)		
TOTAL					90,200

Instructions for Completing AML Contractor Form OMB #1029-0119¹

Part A: General Information. Part A should be completed by the AML Contractor.

Part B: Legal Structure. Part B should be completed by the AML Contractor.

Part C: Certifying and updating information in the Applicant/Violator System (AVS). Part C should be completed by the AML Contractor, selecting the statement that best describes their situation.

If information is accurate, complete and up-to-date, then check the first statement and sign and date. Attach the Entity OFT printout to the OMB #1029-0119 form and submit the form and attachment to the AML Contracting Officer your business is working with.²

Upon reviewing an Entity OFT printout, if you discover the information contained in AVS is not accurate, complete and up-to-date, then check the second statement and complete Part D to provide missing or corrected information that needs reflected in AVS. Attach the Entity OFT printout to the OMB #1029-0119 form and submit the form and attachment to the AML Contracting Officer your business is working with.

If your business does not appear to have any information in AVS, then check the third statement and complete Part D. Submit the OMB #1029-0119 form to the AML Contracting Officer your business is working with.

Part D:

If current Entity OFT information for your business is incomplete, incorrect, or if you believe there is no information currently in the AVS for your business, you must complete Part D. Submit the OMB #1029-0119 form to the AML Contracting Officer your business is working with.

¹ If you need any assistance completing OMB #1029-0119, please contact the AVS Office at 800.643.9748.

² You may obtain your business' Entity OFT for certification purposes two ways. One way is to contact the AVS Office at 800.643.9748 and request the information. The second way is to access the AVS from your personal computer by visiting <https://avss.csmrg.gov>. Click "Access AVS", and then Login as Guest. Place your cursor on the "Entity" Module and "Click". Type your business name in search box and press enter key. If more than one entity record appears, select your company and then "Click" on the "relationship" tab to display your Entity OFT information. Print the Entity OFT from AVS.

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 reduce errors on our end. NOTE: Signature and date this form is signed must be recent (within the last month) to be considered for a current bid

Part A: General Information

Business Name: DCI / Shires, Inc. Tax Payer ID No.: 541944474
Address: P. O. Box 1250
City: Bluefield, WV State: 24701 Zip Code: _____ Phone: 304 323 1996
Fax No.: 304 323 3039 E-mail address: robert.deeb@dcishires.com

Part B: Legal Structure

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, Robert Deeb, have the express authority to certify that:
(print name)

- 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. Use Part D to provide the missing or corrected information. Sign and date below and complete Part D.
- _____ Our business currently is not listed in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D.

5/23/13 Date [Signature] Signature President Title

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://avas.osmre.gov>.



AVS OFT Report - 2/20/2013 1:47:25 PM

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

Entity Selected (252859) DCI Shires Incorporated

Parent Entity
 (252859) DCI Shires Incorporated
 (252859) DCI Shires Incorporated
 (252859) DCI Shires Incorporated
 (252859) DCI Shires Incorporated
 (252859) DCI Shires Incorporated
 (252859) DCI Shires Incorporated
 (252859) DCI Shires Incorporated

Description	Related Entity	% Ownership	Begin Date	End Date
Shareholder	(252860) Robert Deeb	25%	4/1/1999	
President	(252860) Robert Deeb		4/1/1999	
Shareholder	(252863) Cathy J Deeb	25%	4/1/1999	
Treasurer	(252863) Cathy J Deeb		4/1/1999	
Shareholder	(252861) Timothy Shires	25%	4/1/1999	
Vice President	(252861) Timothy Shires		4/1/1999	
Shareholder	(252862) Joyce R Shires	25%	4/1/1999	
Secretary	(252862) Joyce R Shires		4/1/1999	

Part D.

DCI / Shires, Inc.

P. O. Box 1259

Bluefield, WV 24701

Contractor's Business Name: _____

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	<u>Robert Deeb</u>	Position/Title	<u>President</u>
Address	<u>P.O. Box 1259</u>	Telephone #	<u>304-323-1996</u>
	<u>Bluefield WV 24701</u>	% of Ownership	<u>25%</u>
Begin Date:	<u>04-1999</u>	Ending Date:	_____
Name	<u>Tim Shires</u>	Position/Title	<u>VP-Field Ops.</u>
Address	<u>P.O. Box 1259</u>	Telephone #	<u>304-323-1996</u>
	<u>Bluefield WV 24701</u>	% of Ownership	<u>25%</u>
Begin Date:	<u>04-1999</u>	Ending Date:	_____
Name	<u>Joyce Shires</u>	Position/Title	<u>VP-Admin</u>
Address	<u>P.O. Box 1259</u>	Telephone #	<u>304-323-1996</u>
	<u>Bluefield WV 24701</u>	% of Ownership	<u>25%</u>
Begin Date:	<u>04-1999</u>	Ending Date:	_____
Name	<u>Cathy J.S. Deeb</u>	Position/Title	<u>VP-Finance</u>
Address	<u>P.O. Box 1259</u>	Telephone #	<u>304-323-1996</u>
	<u>Bluefield, WV 24701</u>	% of Ownership	<u>25%</u>
Begin Date:	<u>04-1999</u>	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.

Agency Dept Environmental Protection
REQ.P.O# 16190

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, DCI/Shires, Inc.
of Bluefield WV, as Principal, and The Hanover Insurance
Company of Worcester MA, a corporation organized and existing under the laws of the State of
NH with its principal office in the City of NH, as Surety, are held and firmly bound unto the State
of West Virginia, as Oblgee, in the penal sum of Five Percent of Amount Bid (\$ 5%) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for
Reclamation of Abandoned Mine Project-Leeval Portals, Raleigh County, Whitesville, WV

NOW THEREFORE,

- (a) If said bid shall be rejected, or
- (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of the time within which the Oblgee may accept such bid, and said Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hands and seals, and such of them as are corporations have caused their corporate seals to be affixed hereunto and these presents to be signed by their proper officers, this

23rd day of May, 2013

Principal Corporate Seal



Surety Corporate Seal



DCI/Shires, Inc.

(Name of Principal)

By [Signature]

(Must be President or Robert Deek
Vice President)

President
(Title)

The Hanover Insurance Company

(Name of Surety)

By: [Signature]
Cynthia Ellinwood 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.

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWERS OF ATTORNEY
CERTIFIED COPY

KNOW ALL MEN BY THESE PRESENTS: That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, do hereby constitute and appoint Wyatt H. Walton, Joseph C. Thomas, Jr., Cynthia Ellinwood and/or Elizabeth A. Dyer

of Roanoke, VA and each is a true and lawful Attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, or, if the following line be filled in, only within the area therein designated any and all bonds, recognizances, undertakings, contracts of indemnity or other writings obligatory in the nature thereof, as follows:
Any such obligations in the United States, not to exceed Forty Million and No/100 (\$40,000,000) in any single instance

and said companies hereby ratify and confirm all and whatsoever said Attorney(s)-in-fact may lawfully do in the premises by virtue of these presents. These appointments are made under and by authority of the following Resolution passed by the Board of Directors of said Companies which resolutions are still in effect:

"RESOLVED, That the President or any Vice President, in conjunction with any Vice President, be and they are hereby authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 - Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 10th day of August 2012.



THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

Robert Thomas
Robert Thomas, Vice President

Joe Bronstrom
Joe Bronstrom, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 10th day of August 2012 before me came the above named Vice Presidents of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.



Barbara A. Garlick
Barbara A. Garlick, Notary Public
My Commission Expires September 21, 2018

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

This Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America.

"RESOLVED, That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or any Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures hereon may be facsimile." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 - Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 23rd day of May 2013.

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

J. Michael Cole
J. Michael Cole, Vice President



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

STATE OF WV

COUNTY OF Mercer, TO-WIT:

I, Robert Deeb, after being first duly sworn, depose and state as follows:

- 1. I am an employee of DCI Shires, Inc.; and,
(Company Name)
- 2. I do hereby attest that DCI Shires, Inc.
(Company Name)

maintains a valid written drug free workplace policy and that such policy is in compliance with **West Virginia Code §21-1D-5**.

The above statements are sworn to under the penalty of perjury.

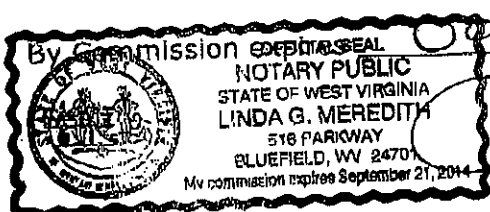
DCI Shires, Inc.
(Company Name)

By: [Signature] Robert Deeb

Title: President

Date: 5/23/13

Taken, subscribed and sworn to before me this 23rd day of May, 2013



[Signature]
(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. DEP 16190

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: DCI / Shires, Inc.
P. O. Box 1259
Bluefield, WV 24701 Date: 5/23/13

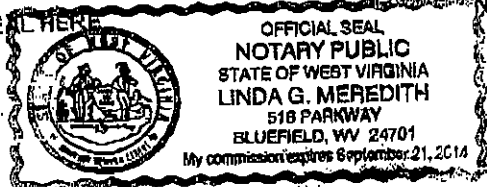
Authorized Signature: [Signature]
State of WV

County of Merces, to-wit:

Taken, subscribed, and sworn to before me this 23 day of May, 2013

My Commission expires 09-21, 2014

AFFIX SEAL HERE



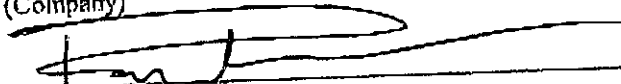
NOTARY PUBLIC [Signature]
Purchasing Affidavit (Revised 07/01/2012)

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.

**DCI / Shires, Inc.
P. O. Box 1259
Bluefield, WV 24701**

(Company)



(Authorized Signature)

Robert Deeb, President
(Representative Name, Title)

304 323 1996 304 323 3037
(Phone Number) (Fax Number)

05/23/2013
(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DEP16190

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:

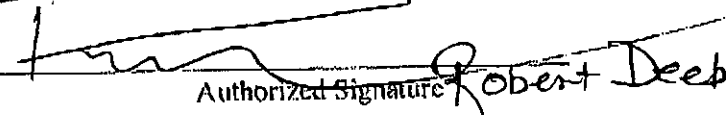
(Check the box next to each addendum received)

- | | |
|--|--|
| <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.

DCI / Shires, Inc.
P. O. Box 1259

Company **Bluefield, WV 24701**


Authorized Signature **Robert Deeb**

05/23/2013
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
Revised 6/9/2012

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DEP16190

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.

DCI / Shires, Inc.

P. O. Box 1259

Blenheim, WV 24701

Authorized Signature *Robert Deeb*

05-23-13

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.



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

Solicitation

NUMBER
DEP16190

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
FRANK WHITTAKER
304-558-2316

RFQ COPY
 TYPE NAME/ADDRESS HERE

RFQ COPY

DCI / Shires, Inc.
P. O. Box 1259
Bluefield, WV 24701

SHIP TO

ENVIRONMENTAL PROTECTION
 DEPARTMENT OF
 OFFICE OF AML&R
 601 57TH STREET SE
 CHARLESTON, WV
 25304 304-926-0499

DATE PRINTED
05/09/2013

BID OPENING DATE: 05/23/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1.				ADDENDUM IS ISSUED TO PROVIDE VENDORS ANSWER TO QUESTIONS REGARDING THE ORIGINAL SOLICITATION.		
2.				TO PROVIDE A COPY OF THE MANDATORY PRE-BID MEETING SIGN-IN SHEET.		
3.				TO PROVIDE A REVISED CONTRACTOR'S BID SHEET. PLEASE REFER TO ATTACHMENT A FOR ALL OF THE ABOVE DOCUMENTS.		
4.				TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.		
END OF ADDENDUM NO. 1						

SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	304 323-1996	5/23/13
TITLE	FIRM	ADDRESS CHANGES TO BE NOTED ABOVE
President	54-194494	

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
DEP16190

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF
FRANK WHITTAKER 304-558-2316

RFQ COPY
 TYPE NAME/ADDRESS HERE

DCI / Shires, Inc.
 P. O. Box 1259
 Bluefield, WV 24701

ENVIRONMENTAL PROTECTION
 DEPARTMENT OF
 OFFICE OF AML&R
 601 57TH STREET SE
 CHARLESTON, WV
 25304 304-926-0499

DATE PRINTED
05/09/2013
BID OPENING DATE: 05/23/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		962-73		
RECLAMATION: RESTORATION OF LAND & OTHER PROPERTIES						
***** THIS IS THE END OF RFQ DEP16190 ***** TOTAL:						90,200

SIGNATURE	TELEPHONE 304 3231996	DATE 5/23/13
TITLE President	FEIN 54-1944474	ADDRESS CHANGES TO BE NOTED ABOVE

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

SOLICITATION NUMBER: DEP16190
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. To provide Vendors Question and Answer page
2. To provide a copy of the mandatory pre-bid sign-in sheet
3. To provide a revised Contractor's Bid Sheet
4. To provide addendum acknowledgement

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, 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.

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number: WV030698

Classification:

ELECTRICAL
GENERAL BUILDING
RESIDENTIAL

DCI SHIRES INC
DBA CONTEMPORARY BUILDERS
PO BOX 1259
BLUEFIELD, WV 24701


Date Issued

FEBRUARY 08, 2013

Expiration Date

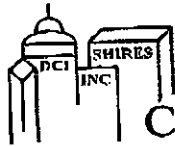
FEBRUARY 08, 2014


Authorized Company Signature


Chair, West Virginia Contractor
Licensing Board

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 licensees. Issued under provisions of West Virginia Code, Chapter 21, Article 11.



CONTEMPORARY BUILDERS

DCI / SHIRES, Inc.

FACSIMILE TRANSMITTAL SHEET

TO: State of WV, Purchasing FROM: Robert Deeb
 COMPANY: _____ DATE: _____

FAX NUMBER: 304-558-3970 TOTAL NO. OF PAGES INCLUDING COVER: 22

PHONE NUMBER: _____ SENDER'S REFERENCE NUMBER: _____

RE: Bid DEP16190 YOUR REFERENCE NUMBER: _____

- URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/

P. O. BOX 1259
 BLUEFIELD, WV 24701
 304-323-1996 PHONE
 304-323-3037 FAX