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

Request for Quotation

DEP14919

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ADDRESS CORRES	PONDENCETO	DATTENTI	ON OF:

CHUCK BOWMAN 304-558-2157

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ENVIRONMENTAL PROTECTION
DEPARTMENT OF
OFFICE OF AML&R
601 57TH STREET SE
CHARLESTON, WV
25304 304-926-9

25304 304-926-0499

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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.htm 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 eauses 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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DEPARTMENT OF
OFFICE OF AML&R
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CHARLESTON, WV

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02/16/2010

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SHIP VIA FOB FREIGHT TERMS DATE PRINTED TERMS OF SALE 02/16/2010 BID OPENING DATE: 04/06/2010 BID OPENING TIME 01:30PM CAT. AMOUNT QUANTITY ITEM NUMBER UNIT PRICE LINE UOP THE BID DOCUMENTS, THE MINIMUM AMOUNT OF INSURANCE COVERAGE REQUIRED IS \$250,000.) BUILDERS RISK INSURANCE: SUCCESSFUL VENDOR SHALL FURNISH PROOF OF BUILDERS RISK - ALL RISK INSURANCE IN AN AMOUNT EQUAL TO 100% OF THE AMOUNT OF THE CONTRACT. FIVE PERCENT (5%) OF THE TOTAL AMOUNT OF (XX) BONDS: THE BID PAYABLE TO THE STATE OF WEST VIRGINIA, SHALL BE SUBMITTED WITH EACH BID AS A BID BOND. THE SUCCESSFUL BIDDER SHALL ALSO FURNISH A PERFORMANCE BOND AND LABOR MATERIAL BOND FOR 100% OF THE AMOUNT OF THE CONTRACT. BONDS MAY BE PROVIDED IN THE FORM OF A CERTIFIED CHECK. IRREVOCABLE LETTER OF CREDIT, OR BOND FURNISHED BY A SOLVENT SURETY COMPANY AUTHORIZED TO DO BUSINESS IN THE STATE OF WEST VIRGINIA. A LETTER OF CREDIT SUBMITTED IN LIEU OF A BOND WILL ONLY BE ALLOWED FOR PROJECTS PERSONAL OR BUSINESS CHECKS ARE NOT UNDER \$100,000. ACCEPTABLE IN LIEU OF THE 5% BID BOND, PERFORMANCE BOND, OR LABOR/MATERIAL BOND.) MAINTENANCE BOND: A TWO (2) YEAR MAINTENANCE BOND COVERING THE ROOFING SYSTEM WILL BE A REQUIREMENT OF THE SUCCESSFUL VENDOR. REV. 11/00 AML CONTRACTOR INFORMATION FORM OMB #1029-0119 (EXPIRATION DATE: 01/31/2010) IS ATTACHED. YOU MUST COMPLETE THIS ORIGINAL FORM TO OBTAIN AN AVS DATA EVALUATION TO DETERMINE YOUR ELIGIBILITY AS AN AML THIS IS A REQUIREMENT UNDER 30 CFR 874.16. CONTRACTOR. IF THE ORIGINAL OMB #1029-0119 IS NOT ATTACHED TO THE BIDDING DOCUMENTS YOU CAN CONTACT THE AVS OFFICE AT SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE TELEPHONE DATE

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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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ADDRESS CORRESPONDENCE TO ATTENTION OF:

CHUCK BOWMAN 304-558-2157

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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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CHUCK BOWMAN 304-558-2157

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ADDRESS CORRESPONDENCE TO ATTENTION OF:

CHUCK BOWMAN 304-558-2157

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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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ADDRESS CORRESPONDENCE TO ATTENTION OF

CHUCK BOWMAN 304-558-2157

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ENVIRONMENTAL PROTECTION
DEPARTMENT OF
OFFICE OF AML&R
601 57TH STREET SE
CHARLESTON, WV
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CHUCK BOWMAN 304-558-2157

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

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ADDRESS:CORRESPONDENCE TO ATTENTION OF

CHUCK BOWMAN 304-558-2157

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

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CHUCK BOWMAN 304-<u>558-2157</u>

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NTAL PROTECTION T OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

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BID OPENING DATE:	40.0	04/06/	2010	lana nastaisan kan		BID	OPENING	TIME	01	:30PM
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OMB #1029-0119 Expiration Date: 1/31/13

#### 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.

usiness Name:		Tax Pay	ver ID No.:	
ddress:				
itv	State:	Zip Code:	Phone:	
ax No.:	E-mail ad	dress:		
art B: Legal Structur	re		·	
) Corporation ( ) Other (please specify	) Sole Próprietorshi y)	p ()Partne	ership ()LLC	
Part C: Certifying and Select only one of the fo	updating informat llowing options, fol	ion in the Applic low the instruction	ant/Violator System (AVS) ns for that option, and sign be	clow.
,(print nan	ne)	, have the express	s authority to certify that:	
T. S	on the <b>attached</b> Enti	ty Organizational	Family Tree (OFT) from AV	'S is
accurate comp	lete and un-to-date.	If you select this	d do <u>not</u> complete Part D.	Enti
accurate, comp OFT from AVS  2. Part of the in and must be up AVS to this for	lete, and up-to-date.  S to this form. Sign a formation on the att	If you select this and date below an ached Entity OFT this option, you revoke the missing	If from AVS is missing or incomust attach an entity OFT from gor corrected information. S	orrec
accurate, comp OFT from AVS  2. Part of the in and must be up AVS to this for and date below	lete, and up-to-date. S to this form. Sign a formation on the attodated. If you select rm. Use Part D to part and complete Part is currently has no information.	If you select this and date below an ached Entity OFT this option, you revoide the missing D.	If from AVS is missing or inc	correction ign

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.

Da	rŧ	n
rи	1 1	17.

Contractor's Business Name:	
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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.

NameAddress	Position/Title Telephone #
Begin Date:	% of Ownership Ending Date:
NameAddress	Position/Title Telephone # % of Ownership
Begin Date:	T 1'- T
Name Address Begin Date:	Position/Title Telephone # % of Ownership Ending Date:
Name Address Begin Date:	Position/Title Telephone # % of Ownership 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.

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.

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 <a href="https://avss.osmre.gov">https://avss.osmre.gov</a>. 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.

•			AgencyREQ.P.O#
	BID BOND		
KNOW ALL MEN BY THESE PRESENTS, Th	nat we, the undersigned,	,	
of		, as Principal, an	d
of	, a corporation org	anized and exist	ting under the laws of the State of
with its principal affice in the City of		, as Surety, are	held and firmly bound unto the State
Most Virginia as Obligee, in the penal sum of	-	(\$	) for the payment of which,
and truly to be made, we jointly and severally bind	d ourselves, our heirs, admi	inistrators, execu	itors, successors and assigns.
The Condition of the above obligation is such partment of Administration a certain bid or proposa	h that whereas the Principal al, attached hereto and mad	has submitted to e a part hereof,	o the Purchasing Section of the to enter into a contract in writing for
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
(a) If said bid shall be rejected, or (b) If said bid shall be accepted and the Prereto and shall furnish any other bonds and insurar greement created by the acceptance of said bid, the acceptance o	nce required by the bid or pinen this obligation shall be need that the liability of the Sin stated.  stipulates and agrees that the within which the Obligee durety have hereunto set the reunto and these presents to	the obligations of may accept such	erwise this obligation shall remain in full dail claims hereunder shall, in no ever f said Surety and its bond shall be in no hid, and said Surety does hereby
and the second second		•	
Principal Corporate Seal			(Name of Principal)
		Ву	
	•		(Must be President or Vice President)
			(Title)
Surety Corporate Seal	·		(Name of Surety)
			Attomey-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.

AGENCY

#### BID BOND PREPARATION INSTRUCTIONS

WV State Agency

(C)

(D)

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NOTE:

		RFQ/RFP# (B)
VV State Agency (Stated on Page 1 "Spending Unit") Request for Quotation Number (upper ight comer of page #1) Your Company Name City, Location of your Company State, Location of your Company Surety Corporate Name City, Location of Surety State, Location of Surety State of Surety Incorporation City of Surety Incorporation Minimum amount of acceptable bid bond is 5% of total bid. You may state "5% of bid" or a specific amount on	as Principal, and	PRESENTS, That we, the undersigned,  (D) (E)  of (G)  n organized and existing under the laws is the sprincipal office in the City of the held and firmly bound unto The State al sum of (K) ment of which, well and truly to be made, our heirs, administrators, executors, ligation is such that whereas the Principal to of the Department of Administration to and made a part hereof to enter into a
"5% of bid" or a specific amount on this line in words.		
Amount of bond in figures Brief Description of scope of work Day of the month Month Year Name of Corporation Raised Corporate Seal of Principal Signature of President or Vice President Title of person signing Raised Corporate Seal of Surety Corporate Name of Surety Signature of Attorney in Fact of the Surety Dated, Power of Attorney with Raised Surety Seal must accompany this bid bond.	contract in accordance with the bid or any other bonds and insurance require other respects perform the agreement this obligation shall be null and void, force and effect. It is expressly under Surety for any and all claims hereund amount of this obligation as herein st.  The Surety for value receiv obligations of said Surety and its bon any extension of time within which t. Surety does hereby waive notice of a IN WITNESS WHEREOF, hands and seals, and such of them as	proposal attached hereto and shall furnish d by the bid or proposal, and shall in all created by the acceptance of said bid then otherwise this obligation shall remain in full stood and agreed that the liability of the er shall, in no event, exceed the penal ated ed, hereby stipulates and agrees that the id shall be in no way impaired or affected by the Obligee may accept such bid: and said my such extension.  Principal and Surety have hereunto set their are corporations have caused their corporate presents to be signed by their proper officers,
	Principal Corporate Seal	(Q) (Name of Principal)
	(R)	By (S)  (Must be President or  Vice President)  (T)
		Title
	(U) Surety Corporate Seal	(V) (Name of Surety)
•		·

IMPORTANT - Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised Corporate Seals must be affixed and a Power of Attorney must be attached.

Attorney-in-Fact



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

STA	TE OF		
COU	INTY OF	TO-WIT:	
I,	y	, after being first duly sworn, e	depose and
state	e as follows	<b>;</b>	,
1.	I am an e	employee of(Company Name)	; and,
2.	I do here	by attest that(Company Name)	
		•	
		s a valid written drug free workplace policy ar in compliance with <i>West Virginia Code</i> §21-	
The	above state	ements are sworn to under the penalty of per	jury.
		(Company Name	)
		Ву:	
		Title:	
		Date:	
Tak	cen, subscrib	bed and sworn to before me this day o	f
Ву	Commission	expires	
(Se	eal)		•
		(Notary Pu	ublic)

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.

### 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:**

"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.

#### WITNESS THE FOLLOWING SIGNATURE

Vendor's Name:				<del></del>
Authorized Signature:		Date:		
State of				
County of, to-wit:				
Taken, subscribed, and sworn to before me this	_ day of		, 20	
My Commission expires	, 20			
AFFIX SEAL HERE	NOTARY PUBLIC _			

# Rumble (Stevens) Refuse & Portals

#### Requisition # DEP14919

**Contractor's Bid Sheet** 

Vendors Name:			
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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.

Item No.	Quantity	Description	Unit Price	Amount
1.00	1	Mobilization & Traffic Control, per lump sum-Not to exceed 10%		\$
1.00	Ţ	of total bid amount		7
2.00	1	Construction Survey Control, per lump sum-Not to exceed 5% of		\$
2.00	T	total bid amount		7
3.00	1	Quality Control, per lump sum-Not to exceed 3% of total bid		\$
5.00		amount		9
4.00	4	Clearing & Grubbing, per lump sum-Not to exceed 10% of total		\$
4.00	1	bid amount		7
6.00	6.5	Revegetation-per acre		\$
7.1.1	510	Type A Ditch-per linear foot		\$
7.1.2	190	Type A Ditch (Grouted)-per linear foot		\$
7.1.3	860	Type B Ditch-per linear foot		\$
7.1.4	180	Underdrain-per linear foot		\$
7.1.5	420	Core Drain-per linear foot		\$
7.1.6	3	Wet Seals (Standard and Modified)-per each		\$
7.1.7	190	18" Diameter HDPE Pipe-per linear foot		\$
7.1.8	50	24" Dia. HDPE Pipe (Typical Pipe Trenching)-per linear foot		\$
7.1.9	40	24" Dia. HDPE Pipe (Type "F" Trenching)-per linear foot		\$
7.1.10	2	Rip Rap Apron-per each		\$
7.1.11	1	Low Water Crossing-per each		\$
7.1.12	3	Modified WVDOT Type "G" Inlet-per each		\$
7.1.13	1	Wingwall-per each		\$
7.1.14	10	Soda Ash-per 50 lb bag		\$
8.1.1	1375	Silt Fence-per linear foot		\$
8.1.2	40	Rock Check Dam-per each		\$
8.1.3	290	Diversion Dike-per linear foot		\$
8.1.4	- 3	Drop Inlet Protection-per each		\$
9.00	7500	Unclassified Excavation-per cubic yard		\$
10.00	2	Cover Soil-per acre		\$
11.00	1	Access Road Gate-per each		\$
NATE OF THE PROPERTY OF THE PR			Assert Country	Statistical and Statistical Statistics
		TOTAL		\$