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

# Request for REQNUMBER Quotation DEP1565

SHIP VIA

DEP15659

FREIGHT TERMS

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

F.O.B,

| DATE PRINT        | ED                                                                                | TER                                                                 | MS OF SAL                      | E                                                             | SHIP VIA                                                                                                                                             |                                                                 | F.O.B.         | FREIGHT TERMS        |
|-------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------|----------------------|
| 12/20/            |                                                                                   |                                                                     |                                |                                                               |                                                                                                                                                      | B * B                                                           | ODENING TIME O | 1 . 3 O D M          |
| BID OPENING DATE: |                                                                                   | 01/08/                                                              | 2012                           | See                       |                                                                                                                                                      |                                                                 |                | 1:30PM               |
| LINE              | QUAI                                                                              | NTITY                                                               | UOP                            | CAT,<br>NO.                                                   | ITEM NUMBI                                                                                                                                           | ∃R                                                              | UNIT PRICE     | AMOUNT               |
| 0001              | ADDEND<br>PROJEC<br>Q&A'S<br>CONTRA<br>BOND F<br>ATTACH<br>BID OF<br>FROM:<br>TO: | OUM ISS OT TO D FROM T ACTOR B FORM AN HED THA PENING 12/22/ 01/08/ | UED FISTRIHE PRID-SHD CONT WAS | AD OR TH BUTE E-BID EET. TRACT NOT HAS C AT 1 AT 1 NO 0 END 0 | DENDUM NO.  E "ROBINSO THE PRE-BI ON:12/06/ ALSO ON T ORS DRUG F INCLUDED O HANGED AS :30PM :30PM THER CHANG F ADDENDUM  962-73 ON OF LAND ND OF RFQ | N RUN D SIGN 2011 A HIS AD REE AF N THE NOTED.  ES. NO.1  DEP15 | ER PROPERTIES  |                      |
| SIGNATURE         |                                                                                   |                                                                     |                                |                                                               |                                                                                                                                                      |                                                                 |                |                      |
| TITLE             |                                                                                   |                                                                     | FEIN                           |                                                               |                                                                                                                                                      |                                                                 | ADDRESS CHANG  | ES TO BE NOTED ABOVE |

## **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).

#### Addendum #1 - Questions During Pre-Bid Meeting

#### For DEP 15659

#### Robinson Run (Cale) Mine Drainage

The following comments and questions were identified from the Pre-Bid Conference. The answers provided herein take precedence over verbal answers at the PBC should there be any conflict between the two.

The 3' and 4' riprap channels shown on the plans will now be 3' and 4' grouted riprap channels.

The two road culverts that are shown on the plans as 15" HDPE shall be changed to 18" HDPE. DOH is now requiring all road crossing culverts to be 18" in diameter.

This grout specification shall be added to the existing specification and made part of the bidding contract.

7.3.4 Grout to be used in the grouted riprap ditches shall consist of a cubic yard mixture as follows:

Cement - 470 lbs

Fly Ash - 220 lbs

Water - 316 lbs

Air Entrainment 6% +/- 2%

Sand - 2676 lbs

Rheobuild 1000 (as needed to achieve the required slump and strength).

The minimum required compressive strength of the grout shall be 2000 psi @ 28 days. All testing shall be the responsibility of the contractor as part of Section 3 of these specifications. Two sets (4 cylinders) of test cylinders per day shall serve as a minimum.

All seeding on this project will be lawn mix and all the mulch must be straw mulch.

All the manholes and drop inlets are bid by vertical foot and not per each.

All trees and shrubs damaged during construction must be replaced with nursery stock of similar size.

- Q1. Will this project start this winter?
- A1. No this project will not start before April 1, 2012.
- Q2. Does the road stone placed on the main roads at the completion of the project need to be compacted?
- A2. Yes. It must be rolled in with a roller.
- Q3. Are there any utilities that will be affected by construction?
- A3. Yes. A Miss Utility inspection must be completed prior to any construction activities.

- Q4. Does the vegetation in the proposed disposal area below need to be removed?
- A4. Yes. It must adhere to the requirements of Section 4 "Site Preparation" of the Construction Specifications for this project.

The Contractor shall have 90 days from the date of the Notice to Proceed to complete construction activities on the project. The \$250.00 per day liquidated damages clause will be in effect after the 90 days. However, the total performance period will be 365 days from the date of the Notice to Proceed for invoicing purposes.

## Robinson Run (Cale) Mine Drainage DEP15659

**REVISED Contractor's Bid Sheet** 

| Company Name: |  |  |
|---------------|--|--|
| Address:      |  |  |
|               |  |  |

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

|                                              |                                                                                                                                              | The objective of                                                                                                                           | T D LOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
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| Qty                                          | Unit                                                                                                                                         | DESCRIPTION                                                                                                                                | UNIT PRICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
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| 1                                            | LS                                                                                                                                           | Mobilization and Demobilization (Limited to 10% of Total Bid)                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 1                                            | LS                                                                                                                                           | Construction Layout (Limited to 5% of Total Bid)                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 1                                            | LS                                                                                                                                           | Quality Control (Limited to 3% of Total Bid)                                                                                               | 100110-1004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 1                                            | LS                                                                                                                                           |                                                                                                                                            | LS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 300                                          | TN                                                                                                                                           | Gravel Driveway Rehabilitation                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 35                                           | TN                                                                                                                                           | Access Road Stone                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 1,450                                        | LF                                                                                                                                           | Silt Fence Sediment Control                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 250                                          | LF                                                                                                                                           | 12" Straw Wattles Erosion Control                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 50                                           | TN                                                                                                                                           | Stone Construction Entrance                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 1                                            | LS                                                                                                                                           | Revegetation                                                                                                                               | LS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 60                                           | LF                                                                                                                                           | Type "A" Manhole                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 25                                           | LF                                                                                                                                           | Type "G" Drop Inlet                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 2                                            | EA                                                                                                                                           | Splash Pad                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 417                                          | LF                                                                                                                                           | 18"HDPE Pipe                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 40                                           | LF                                                                                                                                           | 3' Grouted Riprap Gutter                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 140                                          | LF                                                                                                                                           | 4' Grouted Riprap Gutter                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 70                                           | LF                                                                                                                                           | 4'x3' Underdrain (UD-3)(18" HDPE Pipe)                                                                                                     | 4'x3' Underdrain (UD-3)(18" HDPE Pipe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 570                                          | LF                                                                                                                                           |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 180                                          | LF                                                                                                                                           | 4'x6' Underdrain (UD-6)(12" PVC SDR 35 Pipe)                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 160                                          | LF                                                                                                                                           | 4'x8' Underdrain (UD-2)(15" HDPE Pipe)                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 215                                          | LF                                                                                                                                           | Underdrain Conveyance Pipe (12" PCV SDR 35)                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 13                                           | LF                                                                                                                                           | Underdrain Conveyance Pipe (15" HDPE)                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 20                                           | LF                                                                                                                                           | Underdrain Conveyance Pipe (18" HDPE)                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 20                                           | EA                                                                                                                                           | Soda Ash Briquettes (50lb Bags)                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
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| <b>*************************************</b> |                                                                                                                                              | <u> </u>                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| **********                                   | ******                                                                                                                                       | «««««««««««««««««««««««««««««««««««««                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                              | *********                                                                                                                                    | ₩ IOIAD                                                                                                                                    | 100000000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                              |                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>                                     </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|                                              | 1<br>1<br>1<br>300<br>35<br>1,450<br>250<br>50<br>1<br>60<br>25<br>2<br>417<br>40<br>140<br>70<br>570<br>180<br>160<br>215<br>13<br>20<br>20 | 1 LS 1 LS 1 LS 300 TN 35 TN 1,450 LF 250 LF 50 TN 1 LS 60 LF 25 LF 2 EA 417 LF 40 LF 140 LF 70 LF 570 LF 180 LF 160 LF 215 LF 215 LF 20 LF | 1 LS Mobilization and Demobilization (Limited to 10% of Total Bid)  1 LS Construction Layout (Limited to 5% of Total Bid)  1 LS Quality Control (Limited to 3% of Total Bid)  1 LS Site Preparation (Limited to 10% of Total Bid)  300 TN Gravel Driveway Rehabilitation  35 TN Access Road Stone  1,450 LF Silt Fence Sediment Control  250 LF 12" Straw Wattles Erosion Control  50 TN Stone Construction Entrance  1 LS Revegetation  60 LF Type "A" Manhole  25 LF Type "G" Drop Inlet  2 EA Splash Pad  417 LF 18"HDPE Pipe  40 LF 3' Grouted Riprap Gutter  140 LF 4' Grouted Riprap Gutter  70 LF 4'x3' Underdrain (UD-3)(18" HDPE Pipe)  570 LF 4'x4' Underdrain (UD-1,4,5)(12" PVC SDR 35 Pipe)  180 LF 4'x8' Underdrain (UD-6)(12" PVC SDR 35 Pipe)  160 LF 4'x8' Underdrain (UD-2)(15" HDPE Pipe)  215 LF Underdrain Conveyance Pipe (12" PCV SDR 35)  13 LF Underdrain Conveyance Pipe (18" HDPE) | 1 LS Mobilization and Demobilization (Limited to 10% of Total Bid) 1 LS Construction Layout (Limited to 5% of Total Bid) 1 LS Quality Control (Limited to 3% of Total Bid) 1 LS Site Preparation (Limited to 10% of Total Bid) 1 LS Site Preparation (Limited to 10% of Total Bid) 1 LS Site Preparation (Limited to 10% of Total Bid) 2 LS Site Preparation (Limited to 10% of Total Bid) 3 LS Site Preparation (Limited to 10% of Total Bid) 3 LS Site Preparation (Limited to 10% of Total Bid) 4 LS Site Preparation (Limited to 10% of Total Bid) 4 LS Site Preparation (Limited to 10% of Total Bid) 4 LF Site Preparation (Christopherical Bid) 4 LF Site Preparation (Christopherical Bid) 4 LF Site Preparation (Control Site Preparation (Christopherical Bid) 4 LS Site Preparation (Christopherical Bid) 5 LF Site Preparation (Ch |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          |                                                                                                       | AgencyREQ.P.O#                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                           | BID BOND                                                                                                                                                                                 |                                                                                                       |                                                                                                                                                                                                   |
| KNOW ALL MEN BY THESE PRESENTS                                                                                                                                                                                                                                                                                                                                                                                            | S, That we, the undersigned,                                                                                                                                                             | 12                                                                                                    |                                                                                                                                                                                                   |
| of                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                   |
| of,                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                   |
| with its principal office in the Ci                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                   |
| of West Virginia, as Obligee, in the penal sum of _                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                   |
| well and truly to be made, we jointly and severally                                                                                                                                                                                                                                                                                                                                                                       | bind ourselves, our heirs, add                                                                                                                                                           | ministrators, exec                                                                                    | utors, successors and assigns.                                                                                                                                                                    |
| The Condition of the above obligation is a Department of Administration a certain bid or prop                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          | de a part hereof,                                                                                     |                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          | 5                                                                                                     |                                                                                                                                                                                                   |
| (a) If said bid shall be rejected, or (b) If said bid shall be accepted and the hereto and shall furnish any other bonds and insu agreement created by the acceptance of said bid, force and effect. It is expressly understood and a exceed the penal amount of this obligation as here.  The Surety, for the value received, heret way impaired or affected by any extension of the waive notice of any such extension. | trance required by the bid or p<br>then this obligation shall be r<br>greed that the liability of the S<br>ein stated.  by stipulates and agrees that t<br>time within which the Obligee | roposal, and shal<br>null and void, othe<br>urety for any and<br>he obligations of<br>may accept such | I in all other respects perform the envise this obligation shall remain in full all claims hereunder shall, in no event, said Surety and its bond shall be in no bid, and said Surety does hereby |
| IN WITNESS WHEREOF, Principal and                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                   |
| have caused their corporate seals to be affixed he                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                          | be signed by the                                                                                      | ir proper onicers, this                                                                                                                                                                           |
| day of, 20                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                        |                                                                                                       |                                                                                                                                                                                                   |
| Principal Corporate Seal                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |                                                                                                       | (Name of Principal)                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          | Ву                                                                                                    | (Must be President or<br>Vice President)                                                                                                                                                          |
| ×                                                                                                                                                                                                                                                                                                                                                                                                                         | 8                                                                                                                                                                                        |                                                                                                       | (Title)                                                                                                                                                                                           |
| Surety Corporate Seal                                                                                                                                                                                                                                                                                                                                                                                                     | *                                                                                                                                                                                        |                                                                                                       | (Name of Surety)                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          |                                                                                                       | 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.

AGENCY

(A)

(C)

(D)

(E)

(F)

(G)

(H)

(I)

(J)

(K)

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NOTE:

|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | KFQ/KFP#(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WV State Agency (Stated on Page 1 "Spending Unit") Request for Quotation Number (upper right corner 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, Location of Surety State of Surety Incorporation City of Surety Incorporation Minimum amount of acceptable bid      | of the State of with its p as Surety, are helf of West Virginia, as Obligee, in the penal sure (\$ (L) ) for the payment of we jointly and severally bind ourselves, our besuccessors and assigns.  The Condition of the above obligation of the submitted to the Purchasing Section of the acertain bid or proposal, attached hereto and                                                                                                                                                                                                                                                                                                                                                                                                           | of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| bond is 5% of total bid. You may state "5% of bid" or a specific amount on                                                                                                                                                                                                                                                                                                                           | contract in writing for(M)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 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. | NOW THEREFORE.  (a) If said bid shall be rejected, or  (b) If said bid shall be accepted and contract in accordance with the bid or propose any other bonds and insurance required by the other respects perform the agreement created this obligation shall be null and void, otherway force and effect. It is expressly understood a Surety for any and all claims hereunder shall amount of this obligation as herein stated  The Surety for value received, here obligations of said Surety and its bond shall any extension of time within which the Oblis Surety does hereby waive notice of any such IN WITNESS WHEREOF, Princip hands and seals, and such of them as are conseals to be affixed hereto and these presents this(N) day of(O) | sal attached hereto and shall furnish the bid or proposal, and shall in all all by the acceptance of said bid then rise this obligation shall remain in full and agreed that the liability of the line, in no event, exceed the penal beby stipulates and agrees that the be in no way impaired or affected by gee may accept such bid: and said a extension.  al and Surety have hereunto set their porations have caused their corporate to be signed by their proper officers, |
|                                                                                                                                                                                                                                                                                                                                                                                                      | Principal Corporate Seal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Q)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                      | (R)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Name of Principal)  By (S)  (Must be President or Vice President)  (T)                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                      | (U)<br>Surety Corporate Seal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title  (V)  (Name of Surety)  (W)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                      | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Attorney-in-Fact                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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.



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

| STATE OF                                             |                                                                                    |
|------------------------------------------------------|------------------------------------------------------------------------------------|
| COUNTY OF                                            | , TO-WIT:                                                                          |
| I,                                                   | after being first duly sworn, depose and                                           |
| 1. I am an employee of                               | (Company Name); and,                                                               |
| 2. I do hereby attest that                           | (Company Name)                                                                     |
| maintains a valid written policy is in compliance wi | drug free workplace policy and that such<br>th <b>West Virginia Code</b> §21-1D-5. |
| The above statements are swor                        | n to under the penalty of perjury.                                                 |
|                                                      | (Company Name)                                                                     |
| e                                                    | Ву:                                                                                |
|                                                      | Title:                                                                             |
| 9                                                    | Date:                                                                              |
| Taken, subscribed and sworn to                       | before me this day of                                                              |
| By Commission expires                                |                                                                                    |
| (Seal)                                               |                                                                                    |
|                                                      | (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.

Rev March 2009

| RFQ No. | <br> |
|---------|------|
|         |      |

## 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.

"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:                                        | Doto: |
|-------------------------------------------------------|-------|
| Authorized Signature:                                 | Date: |
| State of                                              |       |
| County of, to-wit:                                    | . 20  |
| Taken, subscribed, and sworn to before me this day of | , 20  |
| My Commission expires, 20                             | *     |
| NOTARY PUL                                            | BLIC  |

| Page 1 of 3  Date: 16 C 6, 2011                                                                                   | NUMBERS                    | PHONE 304-329-1330<br>TOLL -<br>FREE -<br>FAX 304-329-157/                                | Red, PHONE 304-765-5317 TOLL FREE FREE FAX 304-765 5389                            | PHONE 304739 4397<br>TOLL<br>FREE<br>FAX 304 739 440                                     | 1441 JEREE FAX 304 523 3057                                                     | PHONE 3C4-379-9502 TOLL FREE FAX 204-379-4909 |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------|
| SIGN IN SHEET  PLEASE PRINT  ANTIGE  POSSIBLE, LEAVE A BUSINESS CARD                                              | MAILING ADDRESS            | 125 East Hear St. Kerwoor WV 26537                                                        | 1075 OLD Turnpike R. SuTTon W.V. 26601                                             | PO BOX 243<br>SIMPSON WILL<br>2043                                                       | Gluetle C. was                                                                  | 3106 Hudson Ro<br>Albright WU 26519           |
| REQUEST FOR QUOTATION NO. 15659  ROBINSUN RUN (CA)E) MINE DEANINGE * PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBI | FIRM & REPRESENTATIVE NAME | Company: CHULLES E. BREYARD & SON TALL Rep: Brigard Email Address: Cebstace fronteer. Com | Company: Breakaway Inc  Rep: Dan Wincent  Email Address: doug & breakaway W.V. com | Company: Cowjer Op Inc  Rep: Spencer Wooddell  Email Address: Sew-Cowner up Deuthlinking | Company: De 1 Shilles INC Rep: Robert Controls Email Address: Bob. Controls Con |                                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIGN IN SHEET                   | 2                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------|
| REQUEST FOR QUOTATION NO. 15 637                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FNIOG BOAD IG                   | Date: REC 6, 2011  |
| Rebusson Run (CA/E) MINE DEANINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | · ·                |
| * PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POŚSIBLE, LEAVE A BUSINESS CARD | TELEPHONE & FAX    |
| FIRM & REPRESENTATIVE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAILING ADDRESS                 | NUMBERS            |
| Company (Flee Manately Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 511 50th St.                    | PHONE 304.925-0253 |
| Herrica Tanna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charloston wo 25304             | FREE               |
| Final Address: DHB 722 @ Aut. Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | FAX 304:975. 9230  |
| 011 100 - 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 174 PHUPOT CANE                 | PHONE 347310190    |
| Company: The Company Company: | enier IN                        | TOLL<br>FREE       |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | FAX 304 255 4232   |
| Company JFAIFN CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D.O Bex 2049                    | PHONE 304 472 8880 |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Butchpapped we                  | TOLL               |
| Addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s.com 24201                     | FAX 301472 8897    |
| Company: LAURITH INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 302 DENTS RUN Rand              | PHONE 304 296-7531 |
| Rep:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Morgantson WV                   | FREE               |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2650)                           | FAX 304-292-4606   |
| Company: (JEEN RIVER GROSS ULC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 536 ASh Bleach Sq.              | PHONE 304-594-3991 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Misken Jams W 2658              | FREE               |
| Address: SC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | FAX 204 514-3992   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                    |

| Page 3 of 3  DEC 6, 2011  TELEPHONE & FAX NUMBERS                                                                                                 | PHONE 324-287-7189  TOLL FREE  FAX 324-287-3493  PHONE 324-7/8-459 8 | 1834-292-408                                                             |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|
| Date: De                                                                                                                                          | PHONE \$24<br>TOLL<br>FREE<br>FAX \$34~                              | FAX 264 FAX 264 FAX FAE TOLL FREE FAX                                    | PHONE<br>TOLL<br>FREE<br>TOLL<br>FREE<br>FAX                   |
| SIGN IN SHEET  PLEASE PRINT  POSSIBLE, LEAVE A BUSINESS CARD  MAILING ADDRESS                                                                     | 1 80+ 196- 0<br>ont wy 28554                                         | Jes MV 25832                                                             |                                                                |
| Z                                                                                                                                                 | Permonty Promonty                                                    | Ven Ven                                                                  |                                                                |
| REQUEST FOR QUOTATION NO. 15657<br>RUDINSUN RUN (A)Z) MINE DEANAGE<br>* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSII<br>FIRM & REPRESENTATIVE NAME | (00K /Sn<br>OKNVIS<br>ess: COOK &                                    | Rep: Ash ley. All Lines as Special F. Company:  Rep: Rep: Email Address: | Company:  Rep:  Email Address:  Company:  Rep:  Email Address: |