T VIRGINIA DEPART	MENT OF ENVIRONMENTA	AL PROTECTION	
OSR CONSULT	FANT QUALIFICATION QUI	ESTIONNAIRE	Attachment "B"
DATE (DAY, MONTH, YE	R)	FEIN NUMBER	
2.HOME OFFICE BUSINES	S ADDRESS	3.FORMER FIRM NAMI	E
5.ESTABLISHED (YEAR)	6.TYPE OWNERSHIP	6A.WV REGISTERED D	DBE
		(Disadvantaged Business	Enterprise)
	INDIVIDUAL CORPORATION	VES	NO
	PARTNERSHIP JOINT-VENTURE	TLS	110
CE: ADDRESS/TELEPHONI	E /PERSON IN CHARGE/ NO. OSR DE	SIGN PERSONNEL EACH	OFFICE
EMBER OF FIRM	8A. NAME. TITLE. & TELEPHON	NE – OTHER PRINCIPALS	<u> </u>
	, , , , , , , , , , , , , , , , , , , ,		
FCOLOGISTS	I ANDSCAPE ARCH	TTTFCTS STRIICT	URAL ENGINEERS
ECONOMISTS			
			FIC ENGINEERS
			
			
			
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	WRITERS		
	NAL ENGINEEDS BUDDINA DV OFFI	CE	
			ork.
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WORKED TOGETHER BEF	ORE? YES NO		
	OSR CONSULT DATE (DAY, MONTH, YEI 2.HOME OFFICE BUSINES 5.ESTABLISHED (YEAR) EMBER OF FIRM EMBER OF FIRM ELECTRICAL FOR ENVIRONMENT ENVIRONMENT ESTIMATORS GEOLOGISTS HISTORIANS HYDROLOGIST WEGISTERDD PROFESSION MEDITAL OF THE PR	OSR CONSULTANT QUALIFICATION QUEDATE (DAY, MONTH, YER) 2.HOME OFFICE BUSINESS ADDRESS 5.ESTABLISHED (YEAR) 6.TYPE OWNERSHIP INDIVIDUAL CORPORATION PARTNERSHIP JOINT-VENTURE CE: ADDRESS/TELEPHONE /PERSON IN CHARGE/ NO. OSR DE EMBER OF FIRM 8A. NAME, TITLE, & TELEPHONE SA. NAME, TITLE, & TELEPHONE TELECTRICAL ENGINEERS MINING ENGINE ENVIRONMENTALISTS PHOTOGRAMME ESTIMATORS PLANNERS: URBAR GEOLOGISTS SANITARY ENGINEERS HISTORIANS SOILS ENGINEERS SPECIFICATION WRITERS V REGISTERDD PROFESSIONAL ENGINEERS IN PRIMARY OFFIGMENT STORMARY OFFIGMENT STOR	2.HOME OFFICE BUSINESS ADDRESS 3.FORMER FIRM NAME 5.ESTABLISHED (YEAR) INDIVIDUAL CORPORATION PARTNERSHIP JOINT-VENTURE CE: ADDRESS/TELEPHONE /PERSON IN CHARGE/ NO. OSR DESIGN PERSONNEL EACH EMBER OF FIRM 8A. NAME, TITLE, & TELEPHONE – OTHER PRINCIPALS ECONOMISTS ECONOMISTS MECHANICAL ENGINEERS TRAFI ENVIRONMENTALISTS PHOTOGRAMMETRISTS OTHER ESTIMATORS SESTIMATORS PLANNERS: URBAN REGIONAL GEOLOGISTS SANITARY ENGINEERS HISTORIANS SOILS ENGINEERS HYDROLOGISTS SPECIFICATION WRITERS V REGISTERDD PROFESSIONAL ENGINEERS IN PRIMARY OFFICE: must provide supporting documentation that qualifies them to supervise and perform this type of weight and perform the type of we

11. OUTSIDE KEY CONSULTANTS/	SUBCONSULTANTS ANTICIPATED TO BE USEI	D. Attach OSR "Consultant Qualification Questionnaire"
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		YES
		NO
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		YES
		NO
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		YES
		NO
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		YES
		NO
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		YES
		NO
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		YES
		NO
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		YES
		NO

12.	A.	Is your firm experienced in Special Reclamation remediation/ Mine Reclamation Engineering?
		YES Description and number of projects:
		NO
	B.	Is your firm experienced in soil analysis and coal refuse analyses?
		YES Description and number of projects:
		NO
	C.	Is your firm experienced in hydrology and hydraulics for handling mine water discharges on mining sites?
		YES Description and number of projects:
		NO
	D.	Does your firm produce its own aerial photography and development of contour mapping?
		YES Description and number of projects:
		NO
	E.	Is your firm experienced in design of highwall elimination, grading and material handling plans for land reclamation?
		YES Description and Number of Projects:
		NO

13. PERSONAL HISTORY STATEMENT OF	PRINCIPALS AND ASSOCI	ATES RESPONSIB	LE FOR OSR PROJECT DESIGN (Furnish complete date					
but keep to essentials)								
NAME & TITLE (Last, First, MI)		YEAR	S OF EXPERIENCE					
	YEARS OF OSR DESIG	N EXPERIENCE	YEARS OF OSR RELATED DESIGN EXPERIENCE					
Brief explanation of responsibilities								
EDUCATION (Degree, year, specialization)								
MEMBERSHIP IN PROFESSIONAL ORGANI	ZATIONS	REGISTRATION (Type, year, state)						
13. PERSONAL HISTORY STATEMENT OF but keep to essentials)	PRINCIPALS AND ASSOCI	ATES RESPONSIB	LE FOR OSR PROJECT DESIGN (Furnish complete date					
NAME & TITLE (Last, First, MI)		YEAR	S OF EXPERIENCE					
(====, ===,	YEARS OF OSR DESIG		YEARS OF OSR RELATED DESIGN EXPERIENCE					
Brief explanation of responsibilities								
EDUCATION (Degree, year, specialization)								
MEMBERSHIP IN PROFESSIONAL ORGANI	ZATIONS	REGISTRATION (Type, year, state)						

13. PERSONAL HISTORY STATEMENT OF	PRINCIPALS AND ASSOCI	ATES RESPONSIB	LE FOR OSR PROJECT DESIGN (Furnish complete date					
but keep to essentials)								
NAME & TITLE (Last, First, MI)		YEAR	S OF EXPERIENCE					
	YEARS OF OSR DESIG	N EXPERIENCE	YEARS OF OSR RELATED DESIGN EXPERIENCE					
Brief explanation of responsibilities								
EDUCATION (Degree, year, specialization)								
MEMBERSHIP IN PROFESSIONAL ORGANI	ZATIONS	REGISTRATION (Type, year, state)						
13. PERSONAL HISTORY STATEMENT OF but keep to essentials)	PRINCIPALS AND ASSOCI	ATES RESPONSIB	LE FOR OSR PROJECT DESIGN (Furnish complete date					
NAME & TITLE (Last, First, MI)		YEAR	S OF EXPERIENCE					
(====, ===,	YEARS OF OSR DESIG		YEARS OF OSR RELATED DESIGN EXPERIENCE					
Brief explanation of responsibilities								
EDUCATION (Degree, year, specialization)								
MEMBERSHIP IN PROFESSIONAL ORGANI	ZATIONS	REGISTRATION (Type, year, state)						

14. PROVIDE A LIST OF SOFTWARE AND EQUIPMENT AVAILABLE IN THE PRIMARY OFFICE WHICH WILL BE USED TO COMPLETE OSR DESIGN SERVICES
DESIGN SERVICES

15. CURRENT ACTIVITIES ON WHICH YOUR FIRM IS THE DESIGNATED ENGINEER OF RECORD											
PROJECT NAME, TYPE &	NAME & ADDRESS OF	NAT	URE OF YOUR	ESTIMATED	PERCENT COMPLETE						
LOCATION	OWNER	FIRM'S	RESPONSIBILITY	CONSTRUCTION COST							
TOTAL NUMBER OF PROJE	ECTS:		TOTAL ESTIMATE	ED CONSTRUCTION COSTS:	\$						

16. CURRENT ACTIVITIES ON WHICH YOUR FIRM IS SERVING AS A SUBCONSULTANT TO OTHERS										
PROJECT NAME,	NATURE OF FIRMS	NAME & ADDRESS	ESTIMATED	ESTIMATED CON	CONSTRUCTION COST					
TYPE & LOCATION	RESPONSIBILITY	OF OWNER	COMPLETION DATE	ENTIRE PROJECT	YOUR FIRMS RESPONSIBILITY					

17. COMPLETED WORK WITH IN LAST 5 YEARS ON WHICH YOUR FIRM WAS THE DESIGNATED ENGINEER OF RECORD											
PROJECT NAME, TYPE & LOCATION	NAME & ADDRESS OF OWNER	ESIMATED CONSTRUCTION COST	YEAR	CONSTRUCTED (YES OR NO)							

18. COMPLETED WORK WITHIN LAST 5 YEARS ON WHICH YOUR FIRM HAS BEEN A SUB-CONSULTANT TO OTHER FIRMS (INDICATE											
PHASE OF WORK WHICH											
PROJECT NAME, TYPE &	NAME &	ESTIMATED CONSTRUCTION COST	YEAR	CONSTRUCTED	FIRM ASSOCIATED						
LOCATION	ADDRESS OF	OF YOUR FIRM'S PORTION		(YES OR NO)	WITH						
	OWNER										
19 Use this space to provide	l any additional informa	tion or description of resources supporting	vour firm's (qualifications to perform	work for the West						
Virginia Office of Special Rec		or description of resources supporting	,	qualifications to perform	OIL TOT WILD THOSE						
20. The foregoing is a statement											
a.											
Signature:		Title:		Date:							
Printed Name:											

OSR and RELATED PROJECT EXPERIENCE MATRIX																						
		PROJECT EXPERIENCE REQUIREMENTS									Primary staff participation/capacity *** M-Management P-Professional											
PROJECT Exp. Basis C-Corp P-Personal *	Additional info provided in Section (s) **	Forfeited Surface Mine Reclamation	Forfeited Deep Mine Reclamation	Portal/shaft closure	Hydrologic/Hydraulic design/ Eval.	Remining Evaluation	Mine / refuse fire abatement	Subsidence investigation/ mitigation	Hazardous waste disposal	Project specifications	Water quality evaluation /mitigation replacement	Construction inspection / management	Water treatment	Equipment /structure removal	Stream restoration	Geotechnical/stability	NPDES/ Stormwater preparation					
	T																					

Attachment "C"

^{*}List whether project experience is corporate or personnel based or both

** Use this area to provide specific sections or pages if needed for reference

*** List primary design personnel and their functional capacity for the projects listed.