

**WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**TMDL VENDOR QUALIFICATION QUESTIONNAIRE**      **Attachment A**

PROJECT NAME Upper Ohio North, Upper Kanawha, and South Branch Potomac TMDL Project		DATE (DAY, MONTH, YEAR)		FEIN																			
1. FIRM NAME		2. HOME OFFICE BUSINESS ADDRESS		3. FORMER FIRM NAME																			
4. HOME OFFICE TELEPHONE	5. ESTABLISHED (YEAR)	6. TYPE OWNERSHIP Individual      Corporation Partnership    Joint-Venture																					
7. PRIMARY TMDL DEVELOPMENT OFFICE: ADDRESS/ TELEPHONE/ PERSON IN CHARGE/ NO.OF TMDL DEVELOPMENT PERSONNEL IN OFFICE																							
8. NAMES OF PRINCIPAL OFFICERS OR MEMBERS OF FIRM			8a. NAME, TITLE, & TELEPHONE NUMBER - OTHER PRINCIPALS																				
9. PERSONNEL BY DISCIPLINE																							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">— CONTRACT ADMINISTRATOR(S)</td> <td style="width: 33%;">— WATERSHED ANALYST(S)</td> <td style="width: 33%;">— OTHER (LIST BELOW)</td> </tr> <tr> <td>— PROGRAM MANAGER(S)</td> <td>— SOILS SPECIALIST(S)</td> <td>— _____</td> </tr> <tr> <td>— PROJECT MANAGER(S)</td> <td>— TECHNICAL EXPERT(S)</td> <td>— _____</td> </tr> <tr> <td>— QA/QC MANAGER(S)</td> <td>— TECHNICAL WRITER(S)</td> <td>— _____</td> </tr> <tr> <td>— BIOLOGICAL ANALYST(S)</td> <td>— OUTREACH SPECIALIST(S)</td> <td></td> </tr> <tr> <td>— MODEL DEVELOPER(S)</td> <td>— SENIOR WATER RESOURCE ENGINEER(S)</td> <td></td> </tr> </table>						— CONTRACT ADMINISTRATOR(S)	— WATERSHED ANALYST(S)	— OTHER (LIST BELOW)	— PROGRAM MANAGER(S)	— SOILS SPECIALIST(S)	— _____	— PROJECT MANAGER(S)	— TECHNICAL EXPERT(S)	— _____	— QA/QC MANAGER(S)	— TECHNICAL WRITER(S)	— _____	— BIOLOGICAL ANALYST(S)	— OUTREACH SPECIALIST(S)		— MODEL DEVELOPER(S)	— SENIOR WATER RESOURCE ENGINEER(S)	
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					— TOTAL PERSONNEL																		
10. DO YOU NEED ADDITIONAL EMPLOYEES TO FULFILL THE REQUIREMENTS OF THIS CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO																							

11. OUTSIDE KEY CONSULTANTS/SUB-CONSULTANTS ANTICIPATED TO BE USED. Attach "TMDL Vendor Qualification Questionnaire".

NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE <input type="checkbox"/> Yes <input type="checkbox"/> No
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12. A. Is your firm experienced in development of TMDLs for total recoverable metals?

YES NO

12.A.1 Provide Names and Number of Projects

12.A.2 Provide an example TMDL for total recoverable metals

12.A.3 Provide a detailed description of the methodology to develop a total recoverable metals TMDL as per EOI.

ATTACH ADDITIONAL PAGES AS NECESSARY

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12. B. Is your firm experienced in development of TMDLs for pH/dissolved metals?

YES NO

12.B.1 Provide Names and Number of Projects

12.B.2 Provide an example TMDL for pH/dissolved metals

12.B.3 Provide a detailed description of the methodology to develop a pH/dissolved metals TMDL as per EOI.

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12. C. Is your firm experienced in development of TMDLs for fecal coliform bacteria?

YES NO

12.C.1 Provide Names and Number of Projects

12.C.2 Provide an example TMDL for bacteria

12.C.3 Provide a detailed description of the methodology to develop a fecal coliform bacteria TMDL as per EOI.

ATTACH ADDITIONAL PAGES AS NECESSARY

12. D. Is your firm experienced in biological stressor identification and development of TMDLs for biological impairments?

YES NO

12.D.1 Provide Names and Number of Projects

12.D.2 Provide an example TMDL for biological impairment

12.D.3 Provide a detailed description of the methodology to develop a biological impairment TMDL as per EOI.

ATTACH ADDITIONAL PAGES AS NECESSARY

12. E. Describe your firm's management plan that supports personnel and project activities within the organization and coordinates with the WVDEP to achieve timely TMDL development within budgetary constraints as per EOI.

ATTACH ADDITIONAL PAGES AS NECESSARY

12. F. Describe your firm's experience with the LSPC/MDAS or equivalent modeling system in TMDL development. Provide names and number of projects for which this type of modeling system was employed.

ATTACH ADDITIONAL PAGES AS NECESSARY

13. PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES **RESPONSIBLE FOR TMDL DEVELOPMENT PROJECTS** (Insert additional copies as necessary)

NAME & TITLE (Last, First, Middle Int.)	YEARS OF EXPERIENCE		
	In EPA-approved TMDL development	In TMDL-related projects	With modeling system(s), e.g., LSPC, MDAS, etc..
Brief Explanation of Responsibilities			
EDUCATION (Degree, Year, Specialization)			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS		REGISTRATION (Type, Year, State)	

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15. CURRENT PROJECTS/ACTIVITIES IN WHICH YOUR FIRM IS PRESENTLY INVOLVED

PROJECT NAME, TYPE AND LOCATION	NAME AND ADDRESS OF OWNER	NATURE OF YOUR FIRM'S RESPONSIBILITY	ESTIMATED PROJECT COST	PERCENT COMPLETE
TOTAL NUMBER OF PROJECTS :			TOTAL ESTIMATED PROJECT COSTS: \$	







18. COMPLETED WORK WITHIN LAST 5 YEARS ON WHICH YOUR FIRM HAS BEEN A SUB-CONSULTANT TO OTHER FIRMS (INDICATE PHASE OF WORK FOR WHICH YOUR FIRM WAS RESPONSIBLE)

PROJECT NAME, TYPE AND LOCATION	NAME AND ADDRESS OF PRIMARY FIRM	ESTIMATED PROJECT COST OF YOUR FIRM'S PORTION	YEAR	EPA APPROVED?	CLIENT NAME AND ADDRESS

19. Use this space to provide any additional information or description of resources supporting your firm's qualifications to perform work for the WVDEP's TMDL Program.

20. The foregoing is a statement of facts.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_