

**WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
AML CONSULTANT QUALIFICATION QUESTIONNAIRE**

**Attachment "B"**

PROJECT NAME		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	6a. WV REGISTERED DBE (Disadvantaged Business Enterprise) YES                      NO
7. PRIMARY AML DESIGN OFFICE: ADDRESS/ TELEPHONE/ PERSON IN CHARGE/ NO. AML DESIGN PERSONNEL EACH OFFICE			
8. NAMES OF PRINCIPAL OFFICERS OR MEMBERS OF FIRM		8a. NAME, TITLE, & TELEPHONE NUMBER - OTHER PRINCIPALS	
9. PERSONNEL BY DISCIPLINE			
— ADMINISTRATIVE	— ECOLOGISTS	— LANDSCAPE ARCHITECTS	— STRUCTURAL ENGINEERS
— ARCHITECTS	— ECONOMISTS	— MECHANICAL ENGINEERS	— <b>SURVEYORS</b>
— <b>BIOLOGIST</b>	— ELECTRICAL ENGINEERS	— <b>MINING ENGINEERS</b>	— TRAFFIC ENGINEERS
— <b>CADD OPERATORS</b>	— ENVIRONMENTALISTS	— PHOTOGRAMMETRISTS	— OTHER
— CHEMICAL ENGINEERS	— ESTIMATORS	— PLANNERS: URBAN/REGIONAL	
— <b>CIVIL ENGINEERS</b>	— <b>GEOLOGISTS</b>	— SANITARY ENGINEERS	
— CONSTRUCTION INSPECTORS	— HISTORIANS	— SOILS ENGINEERS	
— DESIGNERS	— HYDROLOGISTS	— SPECIFICATION WRITERS	— TOTAL PERSONNEL
— DRAFTSMEN			
<p><b>TOTAL NUMBER OF WV REGISTERED PROFESSIONAL ENGINEERS IN PRIMARY OFFICE: _____</b>  <b>*RPEs other than Civil and Mining must provide supporting documentation that qualifies them to supervise and perform this type of work.</b></p>			
10. HAS THIS JOINT-VENTURE WORKED TOGETHER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE _____ Yes _____ No
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE _____ Yes _____ No
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12. A. Are your firm's personnel experienced in Abandoned Mine Lands Remediation/Mine Reclamation Engineering?

YES Description and Number of Projects: \_\_\_\_\_

NO

B. Are your firm's personnel experienced in Soil Analysis?

YES Description and Number of Projects: \_\_\_\_\_

NO

C. Are your firm's personnel experienced in hydrology and hydraulics?

YES Description and Number of Projects: \_\_\_\_\_

NO

D. Does your firm produce its own Aerial Photography and Develop Contour Mapping?

YES Description and Number of Projects: \_\_\_\_\_

NO

E. Are your firm's personnel experienced in domestic waterline design? (Include any experience in evaluation of aquifer degradation as a result of mining.)

YES Description and Number of Projects: \_\_\_\_\_

NO

F. Are your firm's personnel experienced in Acid Mine Drainage Evaluation and Abatement Design?

YES Description and Number of Projects: \_\_\_\_\_

NO

13. PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES **RESPONSIBLE FOR AML PROJECT DESIGN** (Furnish complete data but keep to essentials)

NAME & TITLE (Last, First, Middle Int.)	YEARS OF EXPERIENCE		
	YEARS OF AML DESIGN EXPERIENCE:	YEARS OF AML RELATED DESIGN EXPERIENCE:	YEARS OF DOMESTIC WATERLINE DESIGN EXPERIENCE:
Brief Explanation of Responsibilities			
EDUCATION (Degree, Year, Specialization)			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS		REGISTRATION (Type, Year, State)	

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15. CURRENT ACTIVITIES ON WHICH YOUR FIRM IS THE DESIGNATED ENGINEER OF RECORD

PROJECT NAME, TYPE AND LOCATION	NAME AND ADDRESS OF OWNER	NATURE OF YOUR FIRM'S RESPONSIBILITY	ESTIMATED CONSTRUCTION COST	PERCENT COMPLETE

TOTAL NUMBER OF PROJECTS:

TOTAL ESTIMATED CONSTRUCTION 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 OWNER	ESTIMATED CONSTRUCTION COST OF YOUR FIRM'S PORTION	YEAR	CONSTRUCTED (YES OR NO)	FIRM ASSOCIATED WITH

19. Use this space to provide any additional information or description of resources supporting your firm's qualifications to perform work for the West Virginia Abandoned Mine Lands Program.

20. The foregoing is a statement of facts.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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