		T OF ENVIRONMENTAL PRIVALIFICATION QUESTION		Attachment "B"				
PROJECT NAME	DATE (DAY, MONTH	H, YEAR)	FEIN					
1. FIRM NAME	2. HOME OFFICE E	BUSINESS ADDRESS	3. FORMER I	FIRM NAME				
	TABLISHED (YEAR)	6. TYPE OWNERSHIP Individual Corporat Partnership Joint-Ve	ion enture I	Sa. 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  8. NAME, TITLE, & TELEPHONE NUMBER - OTHER PRINCIPALS								
9. PERSONNEL BY DISCIPLINE								
- ARCHITECTS - ECC - BIOLOGIST - ELH - CADD OPERATORS - ENT - CHEMICAL ENGINEERS - EST - CIVIL ENGINEERS - GEC - CONSTRUCTION INSPECTORS - HIS	OLOGISTS ONOMISTS ECTRICAL ENGINEERS VIRONMENTALISTS FIMATORS OLOGISTS STORIANS DROLOGISTS	<ul> <li>LANDSCAPE ARCHITE</li> <li>MECHANICAL ENGINE</li> <li>MINING ENGINEERS</li> <li>PHOTOGRAMMETRISTS</li> <li>PLANNERS: URBAN/R</li> <li>SANITARY ENGINEER</li> <li>SOILS ENGINEERS</li> <li>SPECIFICATION</li> <li>WRITERS</li> </ul>	ERS - S - EGIONAL S	- STRUCTURAL ENGINEERS - SURVEYORS - TRAFFIC ENGINEERS - OTHER - TOTAL PERSONNELL				
TOTAL NUMBER OF WV REGISTERED PROFESSIONAL ENGINEERS IN PRIMARY OFFICE: *RPEs other than Civil and Mining must provide supporting documentation that qualifies them to supervise and perform this type of work.								
10. HAS THIS JOINT-VENTURE WORKED TO	OGETHER BEFORE?	YES NO						

	UB-CONSULTANTS ANTICIPATED TO BE USED. Attac	h "AML Consultant Qualification
Questionnaire".		
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		Yes
		No
NAME AND ADDRESS:	SPECIALTY:	No WORKED WITH BEFORE
NAME AND ADDRESS.	SI ECIALIT.	WORKED WITH BEFORE
		Yes
		No
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		V
		Yes
		No
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		Yes
		N.
NAME AND ADDRESS:	SPECIALTY:	No WORKED WITH BEFORE
NAME AND ADDRESS.	SPECIALI I.	WORKED WITH BEFORE
		Yes
		No
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		Yes
		165
		No
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		Yes
		No
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
	5.201.211.	Westings Williams of the
		Yes
NAME AND ADDRESS.	CDECLALTY	No
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE
		Yes
		233
		No

12.	Α.	Are your firm's personnel experienced in Abandoned Mine Lands Remediation/Mine Reclamation Engineering?
		YES Description and Number of Projects:
		ИО
	В.	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 PR data but keep to essentials)	INCIPALS AND ASSOCIATES RESPO	NSIBLE FOR AML PROJECT DESIGN	(Furnish complete			
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 Responsibilitie	S	1				
EDUCATION (Degree, Year, Specializat	ion)					
MEMBERSHIP IN PROFESSIONAL ORGANIZAT	TONG	REGISTRATION (Type, Year, St	210)			
MEMBERSHIF IN FROFESSIONAL ORGANIZAT	IONS	REGISTRATION (Type, Teal, Sc	ace,			
13. PERSONAL HISTORY STATEMENT OF PR data but keep to essentials)	INCIPALS AND ASSOCIATES RESPO		(Furnish complete			
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 Responsibilitie	S					
EDUCATION (Degree, Year, Specializat	ion)					
MEMBERSHIP IN PROFESSIONAL ORGANIZAT	IONS	REGISTRATION (Type, Year, St	ate)			

13. PERSONAL HISTORY STATEMENT OF PR data but keep to essentials)	INCIPALS AND ASSOCIATES RESPO	NSIBLE FOR AML PROJECT DESIGN	(Furnish complete			
NAME & TITLE (Last, First, Middle Int.)		YEARS OF EXPERIENCE				
	YEARS OF AML DESIGN EXPERIENCE:		YEARS OF DOMESTIC WATERLINE DESIGN EXPERIENCE:			
Brief Explanation of Responsibilitie	es		1			
EDUCATION (Degree, Year, Specializat	ion)					
MEMBERSHIP IN PROFESSIONAL ORGANIZAT	TIONS	REGISTRATION (Type, Year, State)				
13. PERSONAL HISTORY STATEMENT OF PR data but keep to essentials)	INCIPALS AND ASSOCIATES RESPO	NSIBLE FOR AML PROJECT DESIGN	(Furnish complete			
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 Responsibilitie	es					
EDUCATION (Degree, Year, Specializat	ion)					
MEMBERSHIP IN PROFESSIONAL ORGANIZAT	TIONS	REGISTRATION (Type, Year, Sta	ate)			

14.	PROVIDE DESIGN S	A LIST OF SERVICES	SOFTWARE	AND	EQUIPMENT	AVAILABLE	IN	THE	PRIMARY	OFFICE	WHICH	WILL	BE US	SED 7	TO C	OMPLET	'E AML	ı	

15. CURRENT ACTIVITIES C	ON WHICH YOUR FIRM IS TH	E DESIGNATED	ENGINEER OF	RECORD	
PROJECT NAME, TYPE AND LOCATION	NAME AND ADDRESS OF OWNER	NATURE OF TRESPONS	YOUR FIRM'S IBILITY	ESTIMATED CONSTRUCTION COST	PERCENT COMPLETE
TOTAL NUMBER OF PROJECTS	5:		TOTAL ESTIMA	ATED CONSTRUCTION COSTS:	\$

16. CURRENT ACTIVITIES ON WHICH YOUR FIRM IS SERVING AS A SUB-CONSULTANT TO OTHERS								
PROJECT NAME, TYPE AND LOCATION	NATURE OF FIRMS RESPONSIBILITY	NAME AND ADDRESS OF OWNER	ESTIMATED COMPLETION DATE	ESTIMATED CON	STRUCTION COST			
				ENTIRE PROJECT	YOUR FIRMS RESPONSIBILITY			

17. COMPLETED WORK WITHIN LAST 5 YEARS ON WHICH YOUR FIRM WAS THE DESIGNATED ENGINEER OF RECORD PROJECT NAME, TYPE NAME AND ADDRESS ESTIMATED CONSTRUCTION COST YEAR CONSTRUCTED								
NAME AND ADDRESS OF OWNER	ESTIMATED CONSTRUCTION COST	YEAR	CONSTRUCTED (YES OR NO)					
or owner.			(115 01 110)					
	NAME AND ADDRESS OF OWNER	NAME AND ADDRESS ESTIMATED CONSTRUCTION COST	NAME AND ADDRESS ESTIMATED CONSTRUCTION COST YEAR					

		ICH YOUR FIRM HAS BEEN A SUB-CO	NSULTANT	TO OTHER FIRMS	(INDICATE PHASE
OF WORK FOR WHI PROJECT NAME, TYPE	CH YOUR FIRM WAS RESPONS  NAME AND ADDRESS	IBLE)  ESTIMATED CONSTRUCTION COST	YEAR	CONSTRUCTED	FIRM ASSOCIATED
AND LOCATION	OF OWNER	OF YOUR FIRM'S PORTION	YEAR	(YES OR NO)	WITH
AND LOCATION	OI OWNER	Of TOOK TIME S TORTION		(IDS OR NO)	WIIII
19. Use this space to	L provide any additional	l information or description of re	L esources	supporting your	l firm's
qualifications to	perform work for the We	st Virginia Abandoned Mine Land	s Program	n.	
20. The foregoing is	a statement of facts.				
Signature:		Title:		Date	
				Date	
Printed Name:					