WEST		MENT OF ENVIRONMENTA	Ι ΒΡΛΤΕΩΤΙΛΝ
WEST		TANT QUALIFICATION QUI	
PROJECT NAME	DATE (DAY, MONTH, YEF		FEIN NUMBER
PROJECT NAME	DATE (DAT, MONTH, TEF	()	I'EIN NOMBER
1.FIRM NAME	2.HOME OFFICE BUSINES	S ADDRESS	3.FORMER FIRM NAME
4.HOME OFFICE TELEPHONE	5.ESTABLISHED (YEAR)	6.TYPE OWNERSHIP	6A.WV REGISTERED DBE
			(Disadvantaged Business Enterprise)
		INDIVIDUAL CORPORATION	
			YES NO
7 DRIMARY OSP DESIGN OFFI	CEL ADDRESS/TELEDUONE	PARTNERSHIP JOINT-VENTURE E /PERSON IN CHARGE/ NO. OSR DES	NGN DEDSONNEL EACH OFFICE
7. FRIMART OSK DESIGN OF T	CE. ADDRESS/TELEFIIONE	Prekson in charoe/ no. Osk de.	SION PERSONNEL EACH OFFICE
8. PRINCIPAL OFFICERS OR MI	EMBER OF FIRM	8A. NAME, TITLE, & TELEPHON	E – OTHER PRINCIPALS
9. PERSONNEL BY DISCIPLINE			
ADMINISTRATIVE	_ECOLOGISTS	LANDSCAPE ARCH	
ARCHITECHS BIOLOGISTS	ECONOMISTS	MECHANICAL ENC	
CADD OPERATORS	ELECTRICAL E	ENGINEERS <u>MINING ENGINE</u> TALISTS <u>PHOTOGRAMME</u>	
CHEMICAL ENGINEERS	ESTIMATORS	PLANNERS: URBA	
CIVIL ENGINEERS	GEOLOGISTS		
CONSTRUCTION INSPECT		SOILS ENGINEERS	
DESIGNERS	HYDROLOGIST	S SPECIFICATION	TOTAL PERSONNEL
DRAFTSMEN		WRITERS	
		NAL ENGINEERS IN PRIMARY OFFIC mentation that qualifies them to supervise	
· Kr Es other than Civil and Minning	must provide supporting docu	mentation that quanties them to supervise	and perform this type of work.
10. HAS THIS JOINT-VENTURE	WORKED TOGETHER BEFO	ORE? YES NO	

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
	В.	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 PE	RINCIPALS AND ASSOCI	ATES RESPONSIBI	LE FOR OSR PROJECT DESIGN (Furnish complete date
but keep to essentials)			
NAME & TITLE (Last, First, MI)			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 ORGANIZA	TIONS	REGISTRATION	(Type year state)
		REGISTRATION	(Type, year, succ)
	RINCIPALS AND ASSOCI	ATES RESPONSIBI	LE FOR OSR PROJECT DESIGN (Furnish complete date
but keep to essentials) NAME & TITLE (Last, First, MI)		VEAD	S OF EXPERIENCE
NAME & IIILE (Last, FIISt, MI)	YEARS OF OSR DESIG		YEARS OF OSR RELATED DESIGN EXPERIENCE
	I EARS OF USK DESIG	IN EAFENIENCE	TEARS OF OSK RELATED DESIGN EXPERIENCE
Brief explanation of responsibilities			
EDUCATION (Degree, year, specialization)			
MEMBERSHIP IN PROFESSIONAL ORGANIZA	TIONS	REGISTRATION	(Type, year, state)
			(-, <u>r</u> -, <u>, -</u> , , , , , , , , , , , , , , , , , ,

13. PERSONAL HISTORY STATEMENT OF PE	RINCIPALS AND ASSOCI	ATES RESPONSIBI	LE FOR OSR PROJECT DESIGN (Furnish complete date
but keep to essentials)			
NAME & TITLE (Last, First, MI)			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 ORGANIZA	TIONS	REGISTRATION	(Type year state)
		REGISTRATION	(Type, year, succ)
	RINCIPALS AND ASSOCI	ATES RESPONSIBI	LE FOR OSR PROJECT DESIGN (Furnish complete date
but keep to essentials) NAME & TITLE (Last, First, MI)		VEAD	S OF EXPERIENCE
NAME & IIILE (Last, First, MI)	YEARS OF OSR DESIG		YEARS OF OSR RELATED DESIGN EXPERIENCE
	I EARS OF OSK DESIG	IN EAFENIENCE	TEARS OF OSK RELATED DESIGN EXPERIENCE
Brief explanation of responsibilities			
EDUCATION (Degree, year, specialization)			
MEMBERSHIP IN PROFESSIONAL ORGANIZA	TIONS	REGISTRATION	(Type, year, state)
			(-, <u>r</u> -, <u>, -</u> , , , , , , , , , , , , , , , , , ,

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

15. CURRENT ACTIVITIES	15. CURRENT ACTIVITIES ON WHICH YOUR FIRM IS THE DESIGNATED ENGINEER OF RECORD  PROJECT NAME TYPE & NAME & ADDRESS OF NATURE OF YOUR FIRMATED PERCENT COMPLETE												
PROJECT NAME, TYPE &	NAME & ADDRESS OF	NAT	URE OF YOUR	ESTIMATED	PERCENT COMPLETE								
LOCATION	OWNER	FIRM'S	RESPONSIBILITY	CONSTRUCTION COST									
TOTAL NUMBER OF PROJE	CTS.	1	TOTAL ESTIMATED 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	STRUCTION 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 &	NAME & ADDRESS OF	ESIMATED CONSTRUCTION COST	YEAR	CONSTRUCTED							
LOCATION	OWNER			(YES OR NO)							

PROJECT NAME, TYPE &	NAME &	ESPONSIBLE) ESTIMATED CONSTRUCTION COST	YEAR	CONSTRUCTED	FIRM ASSOCIATEI			
LOCATION	ADDRESS OF OWNER	OF YOUR FIRM'S PORTION		(YES OR NO)	WITH			
Q Use this space to provide a	any additional inform	ation or description of resources supporting	your firm's	qualifications to perform	work for the West			
Virginia Office of Special Rec	lamation.	anon of description of resources supporting	your min s	quanneations to perform	i work for the west			
20. The foregoing is a stateme								
Signature:		Title:		Date:				
Printed Name:								

OSR and RELATED PROJECT EXPERIENCE MATRIX																					
				PROJECT EXPERIENCE REQUIREMENTS Primary staff participation/capacity *** M-Management P-Professional								city sional									
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			
	1		1		1			1								1					

\*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.

Attachment "C"