



Victoria F. Sheehan
Commissioner

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.
Assistant Commissioner

17 Sewer

Bureau of Highway Maintenance
(Well Section)
April 5, 2016

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with Skillings & Sons, Inc. of Amherst, NH (Vendor 161456) in the amount of \$20,200.00 for a 6-inch drilled well and pump on the property of Katherine Scott, 155 Derry Road, Chester, NH, from the date of Governor and Council approval through September 30, 2016, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funding is available as follows:

Salted Wells Account
04-96-96-960515-3066

400-500870 Highway Contract Payments

FY 2016

\$20,200.00

EXPLANATION

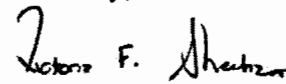
Results of investigations and water analysis has been evaluated, and it has been determined that the existing water supply has been contaminated by highway chlorides. The Department is therefore obligated to obtain a new water supply for the owner. This proposal is in conformity with RSA 228:34.

This contract was advertised and two bids were received and publicly opened on March 24, 2016. Skillings & Sons, Inc. was the low bidder at \$20,200.00 and the Department considers this bid to be reasonable.

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The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution; and the Department has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services' Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

Sincerely,



Victoria F. Sheehan
Commissioner

VFS/md

Attachment:

Department Estimate: \$21,720.00

Contract Amount: \$20,200.00

Under Estimate: \$ 1,520.00



ABC Bid Data

CHESTER - SCOTT SALTED WELL
40316
NON-FEDERAL

PROJECT: CHESTER - SCOTT SALTED WELL
STATE PROJECT NUMBER: 40316
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: March 24, 2016, 2:00
SCOPE OF WORK: Replace Scott Salted Well
COMPLETION DATE: September 30, 2016
LOCATION:

Awarded To: SKILLINGS & SONS INC
9 COLUMBIA DRIVE
AMHERST, NH 03031

Amount: \$20,200.00
Award Date:

Certified by: _____
Director of Project Development

Summary of Bidders

Contractor	Bid Amount
SKILLINGS & SONS INC 9 COLUMBIA DRIVE, AMHERST NH 03031 WRAGG BROS OF VERMONT INC ROUTE 5, PO BOX 110, ASCUTNEY VT 05030	\$20,200.00 \$20,542.50

Item No.	Description	Unit	Quantity	SKILLINGS & SONS INC 9 COLUMBIA DRIVE AMHERST, NH 03031		WRAGO BROS OF VERMONT INC ROUTE 5 ASCUTNEY, VT 05030		Unit Price	Total
				Unit Price	Total	Unit Price	Total		
662.1626	6" DRILLED WELL	LF	800.000	\$10.00	\$8,000.00	\$10.00	\$8,000.00		
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.000	\$20.00	\$4,000.00	\$20.00	\$4,000.00		
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.000	\$4.00	\$2,000.00	\$4.75	\$2,375.00		
662.41	TRENCH AND PIPE	LF	65.000	\$10.00	\$650.00	\$9.50	\$617.50		
662.421	1" PE FLEXIBLE TUBING	LF	400.000	\$0.25	\$100.00	\$0.25	\$100.00		
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.000	\$2,250.00	\$2,250.00	\$2,250.00	\$2,250.00		
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.000	\$1.00	\$3,000.00	\$1.00	\$3,000.00		
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.000	\$1.00	\$200.00	\$1.00	\$200.00		

Totals:	\$20,200.00	\$20,542.50
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PS&E Comparison

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
662.1626	6" DRILLED WELL	LF	800.000	\$10.00	\$8,000.00	\$11.00	\$8,800.00	(\$800.00)
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.000	\$20.00	\$4,000.00	\$20.00	\$4,000.00	\$0.00
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.000	\$4.00	\$2,000.00	\$5.00	\$2,500.00	(\$500.00)
662.41	TRENCH AND PIPE	LF	65.000	\$10.00	\$650.00	\$12.00	\$780.00	(\$130.00)
662.421	1" PE FLEXIBLE TUBING	LF	400.000	\$0.25	\$100.00	\$0.60	\$240.00	(\$140.00)
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.000	\$2,250.00	\$2,250.00	\$2,200.00	\$2,200.00	\$50.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.000	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$0.00
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.000	\$1.00	\$200.00	\$1.00	\$200.00	\$0.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/26/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Susan Gilman	
	PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: sgilman@rowleyagency.com	
INSURED Skillings & Sons, Inc. 9 Columbia Drive Amherst NH 03031	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Cincinnati Insurance Company	10677
	INSURER B:	
	INSURER C:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 16/17 Cert REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual per GA101 (12/04) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP0835137	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EBA0200835	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CPP0835137	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WC1914965-07 3A States: NH MA RI VT ME Excluded Officer: Norman Skillings	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment		CPP0835137	01/01/2016	01/01/2017	LIMIT \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES. (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project #40316I - Chester, NH. State of NH, DOT is an additional insured on general liability when required by written contract with named insured.

CERTIFICATE HOLDER State of New Hampshire Dept of Transportation PO Box 483 Concord, NH 03302-0483	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Susan Gilman/SJG <i>Susan Gilman</i>