



Victoria F. Sheehan
Commissioner

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.
Assistant Commissioner

Bureau of Highway Maintenance
(Well Section)
November 20, 2018

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with Wragg Bros. Of Vermont, Inc. of Ascutney, VT (Vendor 160458) in the amount of \$17,850.00 for grouting and re-drilling of an existing well and reinstallation of a pump with ancillary equipment on the property of John Stanhope, 41 NH Route 10, Orford, NH, from the date of Governor and Council approval through June 28, 2019, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funding is available in State Fiscal Year 2019 as follows:

Funding is available as follows:	<u>FY 2019</u>
04-96-96-960515-3066	
Salted Wells Account	
400-500870 Highway Contract Payments	\$17,850.00

EXPLANATION

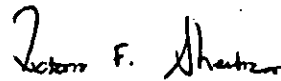
Results of investigations and water analysis has been evaluated, and it has been determined that the existing water supply has been contaminated by highway chlorides. The Department is therefore obligated to obtain a new water supply for the owner. This proposal is in conformity with RSA 228:34. With the completion of replacement well, abandoned well is decommission under DES Rule 603.04.

This contract was advertised and two bids were received and publicly opened on November 1, 2018. Wragg Bros. Of Vermont, Inc. was the low bidder at \$17,850.00 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: \$18,450.00

Contract Amount: \$17,850.00

Under Estimate: \$ 600.00



ABC Bid Data

ORFORD
42227F
NON-FEDERAL

PROJECT: ORFORD
STATE PROJECT NUMBER: 42227F
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: November 01, 2018,
SCOPE OF WORK: Redrill Stanhope salted well
COMPLETION DATE: June 28, 2019
LOCATION:

Awarded To: WRAGG BROS OF VERMONT
INC
ROUTE 5
ASCUTNEY, VT 05030

Amount: \$17,850.00
Award Date:

Certified by: PETER E. STAMNAS
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
WRAGG BROS OF VERMONT INC. ROUTE 5, PO. BOX 110, ASCUTNEY VT 05030	\$17,850.00	A
N.A. MANOSH INC 120NORTHGATE PLAZA, MORRISVILLE VT 05661	\$29,682.50	B

Item No.	Description	Unit	Quantity	P&E		WRAO BROS OF VERMONT INC ROUTE 5 ASCUTNEY, VT 05030		N.A. MANOSH INC 120NORTHGATE PLAZA MORRISVILLE, VT 05661	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

662.1626	6" DRILLED WELL	LF	800.00	\$12.00	\$9,600.00	\$11.00	\$8,800.00	\$12.00	\$9,600.00
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	800.00	\$6.00	\$4,800.00	\$5.00	\$4,000.00	\$20.00	\$16,000.00
662.41	TRENCH AND PIPE	LF	5.00	\$10.00	\$50.00	\$10.00	\$50.00	\$16.50	\$82.50
692.	MOBILIZATION	U	1.00	\$1,000.00	\$1,000.00	\$2,000.00	\$2,000.00	\$1,000.00	\$1,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00
Totals:					\$18,450.00		\$17,850.00		\$29,682.50
Alt. Totals:									
Totals:					\$18,450.00		\$17,850.00		\$29,682.50



PS&E Comparison

ORFORD
42227F
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
662.1626	6" DRILLED WELL	LF	800.00	\$11.00	\$8,800.00	\$12.00	\$9,600.00	(\$800.00)
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	800.00	\$5.00	\$4,000.00	\$6.00	\$4,800.00	(\$800.00)
662.41	TRENCH AND PIPE	LF	5.00	\$10.00	\$50.00	\$10.00	\$50.00	\$0.00
692.	MOBILIZATION	U	1.00	\$2,000.00	\$2,000.00	\$1,000.00	\$1,000.00	\$1,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$0.00
Total:					\$17,850.00		\$18,450.00	(\$600.00)

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER People's United Insurance Agency 87 West Street 2nd Floor Rutland, VT 05701	CONTACT NAME: Claire M. Wilber	
	PHONE (A/C, No, Ext): 802 786-5521	FAX (A/C, No): 802 770-6726
	E-MAIL ADDRESS: claire.wilber@peoples.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Netherlands Insurance Company	NAIC # 24171
	INSURER B : Peerless Insurance Company	24198
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 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	ADDITIONAL INSURER	SUBROGATION	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"/> Blanket Addl Insured per Written Contract GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	CBP8282277 Endt #22-45	06/01/2018	06/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BA8284477	06/01/2018	06/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			CU8286277	06/01/2018	06/01/2019	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
B	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 N	WC8436472	06/01/2018	06/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project Number 42227F Orford, NH. Certificate Holder, its officials, employees and volunteers are listed as additional insured under general liability and auto liability as required by written contract for work performed by insured subject to terms and conditions of the policy.

CERTIFICATE HOLDER State of NH Dept Of Transp. John O Morton Bldg Attn: Mike Highway Dept 1 Hazen Drive PO Box 483 Concord, NH 03302	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 <i>Claire M Wilber</i>