



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 Skillings & Sons, Inc. of Amherst, NH (Vendor 161456) in the amount of \$18,000.00 for the decommission of existing abandoned drilled wells on the properties of Donna Cronin, 199 Ashburnham Road, New Ipswich, NH, Thomas Schmidt, 14 Derry Road, Chester, NH and NHDOT, 1266 NH Route 3A, Bow, 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	\$18,000.00

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.

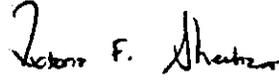
This contract was advertised and three bids were received and publicly opened on November 1, 2018. Skillings & Sons, Inc. was the low bidder at \$18,000.00 and the Department considers this bid to be reasonable.

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Although the bid costs exceeded the Department's estimate by 5.88%, the low bid of 3 bids received is felt to be reasonable for the work involved. Re-advertising this project would result, in our opinion, in higher prices and prevent the completion of the work in a timely manner. The Department considers it to be in the best interest of the State to accept this bid to accomplish these needed repairs.

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:	\$17,000.00
Contract Amount:	<u>\$18,000.00</u>
Over Estimate:	\$ 1,000.00



ABC Bid Data

NEW IPSWICH/CHESTER/BOW
42227D
NON-FEDERAL

PROJECT: NEW IPSWICH/CHESTER/BOW
STATE PROJECT NUMBER: 42227D
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: November 01, 2018,
SCOPE OF WORK: DECOMMISSION SALTED WELLS
COMPLETION DATE: June 28, 2019
LOCATION:

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

Amount: \$18,000.00
Award Date:

Certified by: PETER E. STAMNAS
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
SKILLINGS & SONS INC 9 COLUMBIA DRIVE, AMHERST, NH 03031	\$18,000.00	A
WRAGG BROS OF VERMONT INC ROUTE 5, PO BOX 110, ASCUTNEY VT 05030	\$21,000.00	B
N/A MANOSH INC 120 NORTHGATE PLAZA, MORRISVILLE VT 05661	\$35,000.00	C

Item No.	Description	Unit	Quantity	PS&E		SPOLLINS & SONS INC 9 COLUMBIA DRIVE AMHERST, NH 03831		WRAGO BROS OF VERMONT INC ROUTE 5 ASCUTNEY, VT 05830	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

662.281	DECOMMISSION DRILLED WELL	LF	2,000.00	\$8.00	\$16,000.00	\$8.50	\$17,000.00	\$10.00	\$20,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	1,000.00	\$1.00	\$1,000.00	\$1.00	\$1,000.00	\$1.00	\$1,000.00
Totals:					\$17,000.00		\$18,000.00		\$21,000.00
All Totals:									
Totals:					\$17,000.00		\$18,000.00		\$21,000.00

Item No.	Description	Unit	Quantity	P&E		N.A. MANOSH INC 128NORTHGATE PLAZA WINDSORVILLE, VT 05881		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

662.281	DECOMMISSION DRILLED WELL	LF	2,000.00	\$8.00	\$16,000.00	\$17.00	\$34,000.00		
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	1,000.00	\$1.00	\$1,000.00	\$1.00	\$1,000.00		
Totals:					\$17,000.00		\$35,000.00		
Alt. Totals:									
Totals:					\$17,000.00		\$35,000.00		



PS&E Comparison

NEW IPSWICH/CHESTER/BOW
42227D
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
662.281	DECOMMISSION DRILLED WELL	LF	2,000.00	\$8.50	\$17,000.00	\$8.00	\$16,000.00	\$1,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	1,000.00	\$1.00	\$1,000.00	\$1.00	\$1,000.00	\$0.00
Total:					\$18,000.00		\$17,000.00	\$1,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/28/2018

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) 224-0012 E-MAIL ADDRESS: sgilman@rowleyagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER D:														
INSURER E:														
INSURER F:														
INSURED Skillings & Sons, Inc. 9 Columbia Drive Amherst NH 03031														

COVERAGES **CERTIFICATE NUMBER:** 19/20 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	ADOL 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: No XCV Exclusion		CPP08351371	01/01/2019	01/01/2020	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 - COM/POP AGG \$ 2,000,000 \$
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	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		CPP08351371	01/01/2019	01/01/2020	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	EWC0471481-01 3A States: NH MA RI VT ME Excluded Officer: Norman Skillings	01/01/2019	01/01/2020	<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		CPP08351371	01/01/2019	01/01/2020	\$100,000 Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project #42227D, New Ispwich/Chester/Bow. State of NH, DOT, its officials, employees and volunteers are additional insureds as respects general liability, auto liability and umbrella 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>

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