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Beach

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



WILLIAM CASS, P.E.
ASSISTANT COMMISSIONER

Bureau of Highway Maintenance
(Well Section)
July 15, 2015

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 \$20,965.00 for a 6-inch drilled well and pump on the property of Danielle Reynolds, 29 East Road, Plaistow, NH, from the date of Governor and Council approval through June 24, 2016, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funds to support this request are anticipated to be available in the following account in State FY 2016 upon the availability and continued appropriation of funds in the future operating budget.

FY 2016

Salted Wells Account	
04-96-96-960515-3066	
400-500870 Highway Contract Payments	\$20,965.00

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 June 4, 2015. Skillings & Sons, Inc. was the low bidder at \$20,965.00 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,



William Cass, P.E.
Assistant Commissioner

WJC/md
Attachment:

Department Estimate: \$21,420.00
Contract Amount: \$20,965.00
Under Estimate: \$ 455.00

**State of New Hampshire
Department of Transportation**

Project: PLAISTOW - REYNOLDS SALTED
WELL NONE 29486K

County and Code: ROCKINGHAM COUNTY 015

Date Bids Open: June 4, 2015

Scope of Work: DRILLED WELL & PUMP

Location: DANIELLE REYNOLDS, 29 EAST ROAD, PLAISTOW, NH
03865

Completion Date: June 24, 2016

A SKILLINGS & SONS INC
9 COLUMBIA DRIVE AMHERST NH 03031

\$20,965.00

B WRAGG BROTHERS OF VERMONT INC
PO BOX 110 ASCUTNEY VT 05030

\$21,100.00

Item No.	Description	Unit	Quantity	A		B	
				Unit Price	Total	Unit Price	Total
662.1626	6" DRILLED WELL	LF	800.00	\$10.00	\$8,000.00	\$9.50	\$7,600.00
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.00	\$20.00	\$4,000.00	\$20.00	\$4,000.00
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.00	\$5.00	\$2,500.00	\$5.00	\$2,500.00
662.41	TRENCH AND PIPE	LF	80.00	\$12.00	\$960.00	\$10.00	\$800.00
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$0.25	\$100.00	\$0.50	\$200.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,205.00	\$2,205.00	\$2,800.00	\$2,800.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.00	\$1.00	\$200.00	\$1.00	\$200.00
					\$20,965.00		\$21,100.00

A - PS&E Comparison

PS&E = NHDOT Cost Estimate

Item No:	Description	Unit	A-Bidder		PS&E		A-PS&E Difference
			Quantity	Unit Price	Unit Price	Total	
662.1626	6" DRILLED WELL	LF	800.00	\$10.00	\$10.00	\$8,000.00	\$0.00
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.00	\$20.00	\$21.00	\$4,200.00	(\$200.00)
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.00	\$5.00	\$5.00	\$2,500.00	\$0.00
662.41	TRENCH AND PIPE	LF	80.00	\$12.00	\$9.00	\$720.00	\$240.00
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$0.25	\$0.50	\$200.00	(\$100.00)
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,205.00	\$2,600.00	\$2,600.00	(\$395.00)
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$1.00	\$3,000.00	\$0.00
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.00	\$1.00	\$1.00	\$200.00	\$0.00
						\$21,420.00	(\$455.00)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/29/2015

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. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Susan Gilman PHONE (A/C No. Ext): (603) 224-2562 E-MAIL ADDRESS: sgilman@rowleyagency.com	FAX (A/C No.): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED Skillings & Sons, Inc. 9 Columbia Drive Amherst NH 03031	INSURER A: Cincinnati Insurance Company	
	INSURER B: Westchester Surplus Lines Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC # 10677

COVERAGES **CERTIFICATE NUMBER:** 15/16 \$5M UB **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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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		CPP0835137	01/01/2015	01/01/2016	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	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	01/01/2015	01/01/2016	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		CPP0835137	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	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 <input checked="" type="checkbox"/>	WC1914965-06 3A States: NH MA RI VT Excluded Officers: Norman Skillings	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-FR E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Contractors Pollution Liability		G27108453002	01/21/2015	01/21/2016	\$1,000,000 Each Pollution Condition/\$2,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: State of NH DOT project #29486, 29 East Road, Plaistow, NH. State of NH DOT is an additional insured as respects the general liability when required by written contract with named insured.

CERTIFICATE HOLDER State of NH, 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>