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THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



Victoria F. Sheehan
Commissioner

William Cass, P.E.
Assistant Commissioner

Bureau of Highway Maintenance
(Well Section)
February 22, 2022

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, LLC of Amherst, NH (Vendor 161456), based on a sole bid, in the amount of \$44,000.00 for a 6-inch drilled well and pump on the property located at 63 Merrimack Road, Amherst, NH (Amherst Project No. 43518A), from the date of Governor and Council approval through November 30, 2022, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funding is available in State Fiscal Year 2022 as follows:

	<u>FY 2022</u>
04-96-96-960515-3066	
Salted Wells Account	
400-500870 Highway Contract Payments	\$44,000.00

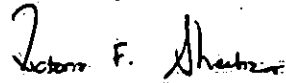
EXPLANATION

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.

This contract was advertised, and the bid was publicly opened on February 17, 2022. Skillings & Sons, LLC of Amherst, NH was the sole bidder at \$44,000.00 and the Department considers this bid to be reasonable.

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/pcj

Attachment:

Department Estimate: \$44,000.00

Contract Amount: \$44,000.00

Under/Over Estimate: \$ 0.00



ABC Bid Data

AMHERST
43518A
NON-FEDERAL

PROJECT: AMHERST
STATE PROJECT NUMBER: 43518A
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: February 17, 2022,
SCOPE OF WORK: Replace salted well.
COMPLETION DATE: November 30, 2022
LOCATION: Hillsborough

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

Amount: \$44,000.00
Award Date:

Certified by: PETER E. STAMNAS
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
SKILLINGS & SONS.LLC 9 COLUMBIA.DRIVE, AMHERST NH 03031	\$44,000.00	A

ABC Bid Data

AMHERST
 43518A
 NON-FEDERAL

Item No.	Description	Unit	Quantity	PS&E		SKILLINGS & SONS LLC 9 COLUMBIA DRIVE AMHERST, NH 03031		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

662.1626	6" DRILLED WELL	LF	700.00	\$16.50	\$11,550.00	\$15.00	\$10,500.00		
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	300.00	\$34.00	\$10,200.00	\$52.00	\$15,600.00		
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	400.00	\$15.50	\$6,200.00	\$10.00	\$4,000.00		
662.281	DECOMMISSION DRILLED WELL	LF	500.00	\$14.20	\$7,100.00	\$12.00	\$6,000.00		
662.41	TRENCH AND PIPE	LF	100.00	\$10.00	\$1,000.00	\$10.00	\$1,000.00		
662.421	1" PE FLEXIBLE TUBING	LF	100.00	\$3.50	\$350.00	\$1.00	\$100.00		
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$4,000.00	\$4,000.00	\$3,200.00	\$3,200.00		
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	\$	600.00	\$1.00	\$600.00	\$1.00	\$600.00		

Totals:	\$44,000.00	\$44,000.00		
Alt. Totals:				
Totals:	\$44,000.00	\$44,000.00		



PS&E Comparison

AMHERST
43518A
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	700.00	\$15.00	\$10,500.00	\$16.50	\$11,550.00	(\$1,050.00)
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	300.00	\$52.00	\$15,600.00	\$34.00	\$10,200.00	\$5,400.00
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	400.00	\$10.00	\$4,000.00	\$15.50	\$6,200.00	(\$2,200.00)
662.281	DECOMMISSION DRILLED WELL	LF	500.00	\$12.00	\$6,000.00	\$14.20	\$7,100.00	(\$1,100.00)
662.41	TRENCH AND PIPE	LF	100.00	\$10.00	\$1,000.00	\$10.00	\$1,000.00	\$0.00
662.421	1" PE FLEXIBLE TUBING	LF	100.00	\$1.00	\$100.00	\$3.50	\$350.00	(\$250.00)
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$3,200.00	\$3,200.00	\$4,000.00	\$4,000.00	(\$800.00)
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$0.00
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	600.00	\$1.00	\$600.00	\$1.00	\$600.00	\$0.00
Total:					\$44,000.00		\$44,000.00	\$0.00

State of New Hampshire

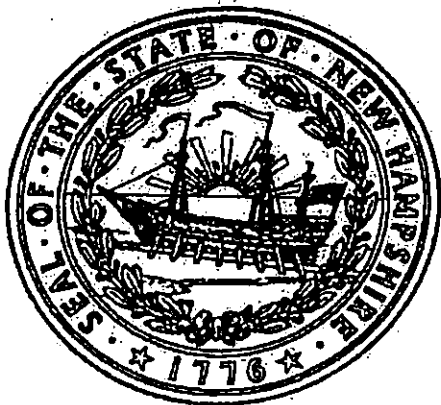
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that SKILLINGS & SONS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 28, 1970. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 94006

Certificate Number: 0005752206



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of April A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

Corporate Resolution

I, **Roger Skillings**, hereby certify that I am duly elected President of Skillings and Sons, LLC. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors/members, duly called and held on March 24, 2022 at which a quorum of the Directors/members were present and voting.

VOTED: That Vincent A. DiPiero, CEO is duly authorized to enter into contracts or agreements on behalf of Skillings and Sons, LLC with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED:

3/21/22

ATTEST:

Roger Skillings Member
(Name and Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/6/2022

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, LLC 9 Columbia Drive Amherst NH 03031		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company NAIC # 10677 INSURER B: Cincinnati Casualty Co. 28665 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 22/23 Cert \$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 INSD	SUBR 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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: No XCU Exclusion			EPP0563553	1/1/2022	1/1/2023	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			EBA0563553	1/1/2022	1/1/2023	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 checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0563553	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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/A	EWC0471481-04 3A States: NH MA RI VT ME Excluded Officer: Norman Skillings	1/1/2022	1/1/2023	<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	Lessed/Rented Equipment			EPP0563553	1/1/2022	1/1/2023	\$200,000 Limit
A	Installation Floater			EPP0563553	1/1/2022	1/1/2023	\$250,000 Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project #43518A, Amherst, NH. State of NH and its officials, employees and volunteers are additional insureds under the general liability, auto liability and umbrella if required by written contract with named insured.

CERTIFICATE HOLDER State of New Hampshire Department 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>