



The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES



Thomas S. Burack, Commissioner

May 17, 2016

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

REQUESTED ACTION

Authorize the Department of Environmental Services (NHDES) to enter into a **SOLE SOURCE** contract (PO # 1042286) amendment with Nelson Analytical, LLC (VC# 159311) Manchester, NH, by increasing the original amount by \$100,000 from \$200,000 to \$300,000 and extending the end date to December 31, 2016 from June 30, 2016 to provide laboratory analytical services of drinking water samples, effective upon Governor and Council approval. The contract was originally approved by G&C on February 25, 2015, Item #46. Funding is 100% Hazardous Waste Cleanup Fund.

Funding is available in the account as follows.

	<u>FY16</u>
03-44-44-444010-5392-102-500731	\$100,000
Dept Of Environmental Services, Hazardous Waste Cleanup Fund, Contracts for Program Services	

EXPLANATION

The purpose of the requested action is to amend the existing contract with Nelson Analytical, LLC (Nelson) to extend the contract to continue to provide laboratory analytical services for drinking water samples and add additional funding to facilitate the analysis of drinking water samples for perfluorooctanoic acid (PFOA) and related perfluorinated compounds. Current analytical demands have overwhelmed the capacity of the laboratory recently contracted to provide PFOA analytical services resulting in delayed delivery of analytical data and stresses on laboratory quality assurance and quality control. The recent detection of PFOA in drinking water well samples in Amherst related to a former facility that used PFOA in its manufacturing process has resulted in an increased demand for sampling and analysis. Further, to date NHDES has identified approximately 43 additional manufacturing locations where PFOA has been, or may have been, used in manufacturing operations. Timely sampling and analysis of drinking water wells in the vicinity of these facilities is necessary to identify impacts to local drinking water wells, determine whether immediate actions are necessary to prevent or mitigate potential exposure risks, and address citizen concerns relative to potential drinking water quality impacts. This amendment increases the contract amount by \$100,000, which is greater than 10% of the original contract, thus also modifying it to a **SOLE SOURCE** agreement. The rate at which the PFOA-related risk to drinking water wells has been identified necessitates immediate action until such time as analytical services for perfluorinated compounds can be competitively bid and contracts can be awarded to two or more laboratory contractors on a four year basis.

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The additional services of Nelson are necessary to assure quality analytical results and timely provision of analytical results to owners of PFOA-impacted drinking water wells. This amended contract will allow NHDES to balance the workload between laboratory contractors to assure timely quality service. All other conditions of the original agreement will remain in full effect. This amendment has been approved by the Attorney General's Office as to form, substance and execution.

We respectfully request your approval.

A handwritten signature in black ink, reading "Thomas S. Burack". The signature is written in a cursive style with a horizontal line underneath the name.

Thomas S. Burack, Commissioner

**AMENDMENT #1
TO
CONTRACT
BETWEEN
DEPARTMENT OF ENVIRONMENTAL SERVICES
AND
NELSON ANALYTICAL, LLC**

LABORATORY ANALYTICAL SERVICES

WHEREAS the Department of Environmental Services (DES) has entered into a contract with Nelson Analytical, LLC (Nelson) in the amount of \$200,000 for laboratory analytical services of drinking water samples, effective February 25, 2015 through June 30, 2016.

WHEREAS DES wishes to extend the contract completion date from June 30, 2016 to December 31, 2016 and to increase the amount of the contract from \$200,000 to \$300,000, for Nelson to continue providing laboratory analytical services.

NOW THEREFORE, amend the original contract between DES and Nelson as approved by Governor and Council on February 25, 2015, as Item #46 in the following manner:

Change section 1.7 (Completion Date) in the General Provisions of the Agreement to read: December 31, 2016.

Change section 1.8 (Price Limitation) in the General Provisions of the Agreement to read: \$300,000

All other conditions outlined in the contract shall remain in effect.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year written below.

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF ENVIRONMENTAL SERVICES

By: Thomas A Burack
Thomas S. Burack, Commissioner
Department of Environmental Services

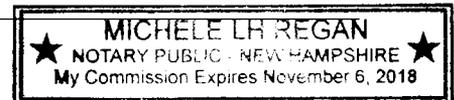
NELSON ANALYTICAL, LLC

By: Andrew O. Nelson
Andrew O. Nelson, Owner
Nelson Analytical, LLC

STATE OF NEW HAMPSHIRE
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 16th day of May, 2016 by Andrew O. Nelson.

Michele LH Regan
Notary Public/Justice of the Peace
Printed Name: Michele LH Regan
Commission Expires: _____



Approval by OFFICE OF THE ATTORNEY GENERAL:
As to form, substance and execution

Date: 5-16-2016 By: Lauren Noether

Approval by Governor and executive council:

Date: _____ By: _____

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NELSON ANALYTICAL, LLC is a New Hampshire limited liability company formed on June 18, 2001. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 16th day of May, A.D. 2016

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Andrew Nelson hereby certify that I am the sole member of
Nelson Analytical, LLC and have
been the sole member since 2001.

I certify that I am authorized to bind the LLC.

I hereby further certify and acknowledge that the State of New Hampshire will rely on
this certification as evidence that I have full authority to bind the LLC.

Signed: [Signature]

Date: 5/16/16

State of New Hampshire, County of HILLSBOROUGH

On this the 16th day of MAY 2016, before me BALA G. MENON,
the undersigned officer, personally appeared ANDREW NELSON, known to me
(or satisfactorily proven) to be the person whose name is subscribed to the within
instrument and acknowledged that he/she executed the same for the purposes therein
contained. In witness whereof, I hereunto set my hand and official seal.

[Signature]

Bala Gopalan Menon
Notary Public, State of New Hampshire
My Commission Expires July 22, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/3/2016

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 Morse Insurance Agency, Inc. 285 Washington Street North Easton MA 02356	CONTACT NAME: Laura Wiesner	
	PHONE (A/C No. Ext): (508) 238-0056 FAX (A/C No): (508) 230-8367 E-MAIL ADDRESS: laurawiesner@morseins.com	
INSURED NELSON ANALYTICAL LLC 490 E INDUSTRIAL PARK DR MANCHESTER NH 03109	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hanover Insurance Company	22292
	INSURER B: Allmerica Financial Benefit	41840
	INSURER C: Phoenix Insurance Company	25623
	INSURER D: Lloyd's	
	INSURER E: Torus National Insurance Co	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2015-2016 Master 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		OHN9232979	9/14/2015	9/14/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GENL AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY		AWN9232911	9/14/2015	9/14/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		82688L151ALI	9/14/2015	9/14/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		UB5847M464	9/14/2015	9/14/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Professional Liability		W1421F140201	9/14/2015	9/14/2016	Each Claim/Aggregate \$1,000,000
						Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER derek.bennett@des.nh.gov New Hampshire Department of Environmental Services 29 Hazen Drive PO Box 95 Concord, NH 03302-0095	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 Laura Wiesner/LMW 