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Victoria F. Sheehan
Commissioner

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.
Assistant Commissioner

Bureau of Highway Maintenance
(Well Section)
March 25, 2019

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 N.A. Manosh, Inc. of Morrisville, VT (Vendor 290595) in the amount of \$23,980.00 for a 6-inch drilled well and pump on the property of Lori Child, 24 Derry Road (NH 102), Chester, 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:

	<u>FY 2019</u>
04-96-96-960515-3066	
Salted Wells Account	
400-500870 Highway Contract Payments	\$23,980.00

EXPLANATION

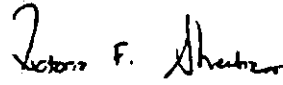
Results of investigations and water analysis has been evaluated, and it has been determined that the existing water supply has been contaminated by highway chlorides. The Department is therefore obligated to obtain a new water supply for the owner. This proposal is in conformity with RSA 228:34.

This contract was advertised and four bids were received and publicly opened on March 21, 2019. N.A. Manosh, Inc. of Morrisville, VT was the low bidder at \$23,980.00 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.

Your approval of this resolution is respectfully requested.

Sincerely,



Victoria F. Sheehan
Commissioner

VFS/pcj
Attachment:

Department Estimate:	\$26,300.00
Contract Amount:	<u>\$23,980.00</u>
Under Estimate:	\$ 2,320.00



ABC Bid Data

CHESTER
42227G
NON-FEDERAL

PROJECT: CHESTER
STATE PROJECT NUMBER: 42227G
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: March 21, 2019, 2:00
SCOPE OF WORK: Redrill Child Salted Well
COMPLETION DATE: June 28, 2019
LOCATION:

Awarded To: N.A. MANOSH INC
120NORTHGATE PLAZA
MORRISVILLE, VT 05661

Amount: \$23,980.00
Award Date:

Certified by: PETER.E.STAMNAS
Director of Project Development

Summary of Bidders

Contractor	Bid Amount	Rank
N.A. MANOSH INC 120NORTHGATE PLAZA, MORRISVILLE VT 05661	\$23,980.00	A
SKILLINGS & SONS INC 9 COLUMBIA DRIVE, AMHERST NH 03031	\$26,690.00	B
WRAGG BROS OF VERMONT INC ROUTE 5, PO BOX 110, ASCUTNEY VT 05030	\$27,110.00	C
CAPITAL WELL COMPANY INC 150 CONCORD STAGE ROAD, DUNBARTON NH 03046	\$27,620.00	D

Item No.	Description	Unit	Quantity	P&Z		N.A. MANOSH INC 122NORTHGATE PLAZA MORRISVILLE, VT 05661		KILLINGS & SONS INC 9 COLUMBIA DRIVE AMHERST, NH 03031	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

662.1626	6" DRILLED WELL	LF	800.00	\$11.00	\$8,800.00	\$10.50	\$8,400.00	\$11.00	\$8,800.00
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	300.00	\$28.00	\$7,800.00	\$18.00	\$5,400.00	\$24.00	\$7,200.00
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	600.00	\$5.00	\$3,000.00	\$4.00	\$2,400.00	\$6.00	\$3,600.00
662.41	TRENCH AND PIPE	LF	70.00	\$10.00	\$700.00	\$8.00	\$560.00	\$17.00	\$1,190.00
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$0.25	\$100.00	\$1.00	\$400.00	\$0.50	\$200.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,700.00	\$2,700.00	\$3,620.00	\$3,620.00	\$2,500.00	\$2,500.00
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
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.00	\$1.00	\$200.00	\$1.00	\$200.00	\$1.00	\$200.00
Totals:					\$26,300.00	\$23,980.00	\$26,690.00		
Alt. Totals:									
Totals:					\$26,300.00	\$23,980.00	\$26,690.00		

Item No.	Description	Unit	Quantity	P&A		WRAO BROS OF VERMONT INC ROUTE 5 ASCUTNEY, VT 05230		CAPITAL WELL COMPANY INC 196 CONCORD STAGE ROAD DUNBARTON, NH 03046	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

662.1626	6" DRILLED WELL	LF	800.00	\$11.00	\$8,800.00	\$11.00	\$8,800.00	\$11.00	\$8,800.00
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	300.00	\$28.00	\$7,800.00	\$25.00	\$7,500.00	\$28.00	\$8,400.00
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	600.00	\$5.00	\$3,000.00	\$6.00	\$3,600.00	\$6.00	\$3,600.00
662.41	TRENCH AND PIPE	LF	70.00	\$10.00	\$700.00	\$10.00	\$700.00	\$12.00	\$840.00
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$0.25	\$100.00	\$0.40	\$160.00	\$0.50	\$200.00
662.52076	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,700.00	\$2,700.00	\$3,150.00	\$3,150.00	\$2,580.00	\$2,580.00
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
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.00	\$1.00	\$200.00	\$1.00	\$200.00	\$1.00	\$200.00
Totals:					\$26,300.00	\$27,110.00	\$27,110.00	\$27,620.00	\$27,620.00
Alt. Totals:									
Totals:					\$26,300.00	\$27,110.00	\$27,110.00	\$27,620.00	\$27,620.00



PS&E Comparison

CHESTER
42227G
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	\$10.50	\$8,400.00	\$11.00	\$8,800.00	(\$400.00)
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	300.00	\$18.00	\$5,400.00	\$26.00	\$7,800.00	(\$2,400.00)
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	600.00	\$4.00	\$2,400.00	\$5.00	\$3,000.00	(\$600.00)
662.41	TRENCH AND PIPE	LF	70.00	\$8.00	\$560.00	\$10.00	\$700.00	(\$140.00)
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$1.00	\$400.00	\$0.25	\$100.00	\$300.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$3,620.00	\$3,620.00	\$2,700.00	\$2,700.00	\$920.00
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	\$	200.00	\$1.00	\$200.00	\$1.00	\$200.00	\$0.00
Total:					\$23,980.00	\$26,300.00	(\$2,320.00)	



NAMANOS-01

LMERCY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2019

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Denis, Ricker & Brown - MTP PO Box 565 Montpelier, VT 05601-0565	CONTACT NAME: PHONE (A/C, No, Ext): (802) 229-0563		FAX (A/C, No): (802) 229-9327
	E-MAIL ADDRESS: e-doc@hbinsurance.com		
INSURED N A Manosh, Inc. 120 Northgate Plaza Morrisville, VT 05661	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Continental Western Insurance		10804
	INSURER B: Acadia Insurance Company		31325
	INSURER C:		
	INSURER D:		
	INSURER E:		

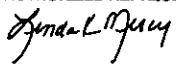
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		CPA5274695-12	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		CAA5274696-12	1/1/2019	1/1/2020	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X		CUA5274697-12	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Nick Manosh, President, is an excluded officer on the Work Comp

 Project No is 42227G, location is 24 Derry Rd, Chester, NH). Additional insured status applies for general liability per terms and conditions of attached form CLCG2077(12/77) and auto liability per terms and conditions of attached form AICA59(1/15). Umbrella is follow form.

CERTIFICATE HOLDER State of New Hampshire Dept of Transportation Office of Federal Compliance 7 Hazen Drive 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 



NAMANOS-01

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INSURED N A Manosh, Inc. 120 Northgate Plaza Morrisville, VT 05661	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Union Ins Co</td> <td style="text-align: center;">25844</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 : Union Ins Co	25844	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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"/> Y	N/A	WCA5274698-12	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

Nick Manosh, President, is an excluded officer on the Work Comp

Project No is 42227G, location is 24 Derry Rd, Chester, NH

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