



**THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION**



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**CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER**

**JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER**

Bureau of Fuel Distribution
October 21, 2013

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 Amtech Coatings, LLC (Vendor 230816) of Plymouth, NH on the basis of a single bid of \$25,780.00 for providing repair and lining of an unleaded gasoline tank and the lining of a diesel fuel tank at the New Hampshire Department of Transportation (NHDOT) Lancaster Shed (PS 107), from the date of Governor and Council approval through December 6, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Agency Income.

Funding is available as follows:

FY 2014

04-96-96-960515-3198

Fuel Distribution

048-500226 Contract Repairs; Bldg. Grounds

\$25,780.00

EXPLANATION

This project consists of the repair and lining of an unleaded gasoline tank and the lining of a diesel fuel tank at the New Hampshire Department of Transportation (NHDOT) Lancaster Shed (PS 107). The work includes the repair and lining of one (1) existing 6000 gallon unleaded underground storage tank (UST); and the lining of one (1) existing 6000 gallon diesel underground storage tank (UST). The Department of Transportation is required to comply with all DES rules relative to tightness testing failures of UST's.

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 Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,

Handwritten signature in black ink, appearing to read "C.D. Clement, Sr." with a long horizontal stroke extending to the right.

Christopher D. Clement, Sr.
Commissioner

Department Estimate: \$28,800.00
Contract Amount: \$25,780.00
Under Estimate: \$ 3,020.00

Attachments

CDC/blp

August 29, 2013

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of the emergency repair and lining of an unleaded gasoline tank and the lining of a diesel fuel tank at the New Hampshire Department of Transportation (NHDOT) Lancaster Shed (PS 107), located at 641 Main St., Lancaster, NH 03584; NHDES Site # 199702047, UST Facility # 0112888. The scope of work will include the repair and lining of one (1) existing 6000 gallon unleaded underground storage tank (UST); and the lining of one (1) existing 6000 gallon diesel underground storage tank (UST).

FEDERAL FUNDING: Non – Federal

PROJECT INITIATED: To meet Department of Environmental Services (DES) requirements Env-Wm 1401.15, Tightness Test Failures of an Underground Storage Tanks (UST) system.

PROJECT EXPLANATION: The Department of Transportation is required to comply with all DES rules relative to the testing and removal of all UST's. The tank at this site failed testing; however, the intent of this project is to repair the tank and return it to service.

TRAFFIC IMPLICATIONS: All the required work will be done within the limits of the Patrol Shed yard.

COMPLETION DATE: December 6, 2013

LANCASTER

27852



**State of New Hampshire
Department of Transportation**

Project: Lancaster N/A 27852
County and Code: COOS COUNTY 007
Date Bids Open: October 11, 2013
Scope of Work: EMERGENCY REPAIR OF FUEL TANK
Location: NH DEPARTMENT OF TRANSPORTATION LANCASTER SHED

Completion Date: December 6, 2013

A AMTECH COATINGS LLC
 75-4 MAIN ST SUITE 300 PLYMOUTH NH 03264

\$25,780.00

Item No:	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total
670.191	REPAIR AND LINING OF UNDERGROUND STORAGE TANK	U	1.00	\$12,140.00	\$12,140.00		
670.192	LINING OF UNDERGROUND STORAGE TANK	U	1.00	\$12,140.00	\$12,140.00		
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	1,500.00	\$1.00	\$1,500.00		
						\$25,780.00	\$25,780.00

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	
670.191	REPAIR AND LINING OF UNDERGROUND STORAGE TANK	U	1.00	\$12,140.00	\$14,000.00	\$14,000.00	(\$1,860.00)
670.192	LINING OF UNDERGROUND STOARGE TANK	U	1.00	\$12,140.00	\$13,300.00	\$13,300.00	(\$1,160.00)
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	1,500.00	\$1.00	\$1,500.00	\$1,500.00	\$0.00
					\$25,780.00	\$28,800.00	(\$3,020.00)



CERTIFICATE OF LIABILITY INSURANCE

AMTECOA-01

AMORSE

DATE (MM/DD/YYYY)
10/17/2013

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 License # AGR8150 Clark Insurance 80 Canal St Manchester, NH 03101	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL: ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Essex Insurance Company INSURER B: United Financial Casualty NAIC # 11770 INSURER C: National Union Fire Ins Co of Pittsburg PA INSURER D: The Granite State Workers' Compensation Manufacturer's Trust INSURER E: Peerless Insurance 24198 INSURER F: Safety First Insurance Company
INSURED Amtech Coatings, LLC PO Box 307 New Boston, NH 03070	

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		3CX6195	1/18/2013	1/18/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		08304334-1	11/11/2012	11/11/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	EBU02817754	1/18/2013	1/18/2014	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	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	WC01121601	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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
E	Equipment Floater		JM8918535	6/10/2013	6/10/2014	Leased & Rented 75,000
F	Workers Compensation		FPP4047258	1/1/2013	1/1/2014	MA, VT & NY 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Rob Pearlman is excluded from Workers Comp coverage for BOTH above listed policies. States listed in 3A: NH, MA, VT & NY
 New Hampshire Department of Transportation is additional insured if required by written contract.

CERTIFICATE HOLDER NH Department of Transportation Office of Federal Compliance 7 Hazen Drive 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
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AMTECOA-01 LMICALS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/25/2013

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 License # AGR8150 Clark Insurance 80 Canal St Manchester, NH 03101	CONTACT NAME: Ann Morse
	PHONE (A/C No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: amorse@clarkinsurance.com
INSURED State of NH Dept of Transportation Office of Federal Compliance 7 Hazen Drive Concord, NH 03302	INSURER(S) AFFORDING COVERAGE INSURER A: Essex Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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

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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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner's Protective <input checked="" type="checkbox"/> Liability		3DM8413	11/1/2013	2/1/2014	EACH OCCURRENCE	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC									
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$			
	MED EXP (Any one person)						\$			
PERSONAL & ADV INJURY						\$				
GENERAL AGGREGATE						\$ 2,000,000				
PRODUCTS - COMP/OP AGG						\$				
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCI UNDFD? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTH-ER				
E.L. EACH ACCIDENT						\$				
E.L. DISEASE - EA EMPLOYEE						\$				
E.L. DISEASE - POLICY LIMIT						\$				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Rob Pearlman is excluded from Workers Comp coverage.
 Location: Lancaster Shed, 647 B Main St., Lancaster, NH

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