



Victoria F. Sheehan  
Commissioner

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



William Cass, P.E.  
Assistant Commissioner

24  
Bemis

Bureau of Highway Maintenance  
(Well Section)  
December 23, 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 \$20,700.00 for a 6-inch drilled well and pump on the property of Dana Latour, 1412 Mammoth Road (NH 128), Pelham, 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.

Funding is available as follows:

Salted Wells Account

04-96-96-960515-3066

400-500870 Highway Contract Payments

**FY 2016**

\$20,700.00

**EXPLANATION**

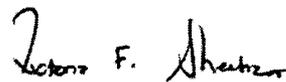
Results of investigations and water analysis has been evaluated, and it has been determined that the existing water supply has been contaminated by highway chlorides. The Department is therefore obligated to obtain a new water supply for the owner. This proposal is in conformity with RSA 228:34.

This contract was advertised and three bids were received and publicly opened on December 17, 2015. Skillings & Sons, Inc. was the low bidder at \$20,700.00 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,

A handwritten signature in black ink, appearing to read "Victoria F. Sheehan". The signature is written in a cursive style with a large initial "V".

Victoria F. Sheehan  
Commissioner

VFS/md  
Attachment:

Department Estimate: \$23,250.00  
Contract Amount: \$20,700.00  
Under Estimate: \$ 2,550.00

**State of New Hampshire  
Department of Transportation**

**Project:** PELHAM - LATOUR SALTED  
WELL NONE 40316F

**County and Code:** HILLSBOROUGH COUNTY 011

**Date Bids Open:** December 17, 2015

**Scope of Work:** DRILLED WELL AND PUMP

**Location:** DANA LATOUR 1412 MAMMOTH ROAD (NH 128)  
PELHAM NH 03076

**Completion Date:** June 24, 2016

A SKILLINGS & SONS INC  
9 COLUMBIA DRIVE AMHERST NH 03031

\$20,700.00

B CAPITAL WELL COMPANY INC  
150 CONCORD STAGE ROAD DUNBARTON NH 03046

\$21,136.00

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

\$21,675.00

Item No.	Description	Unit	Quantity	A		B		C	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
662.1626	6" DRILLED WELL	LF	760.00	\$10.00	\$7,600.00	\$10.00	\$7,600.00	\$10.00	\$7,600.00
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	240.00	\$20.00	\$4,800.00	\$20.00	\$4,800.00	\$20.00	\$4,800.00
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.00	\$4.00	\$2,000.00	\$4.00	\$2,000.00	\$4.50	\$2,250.00
662.41	TRENCH AND PIPE	LF	100.00	\$8.00	\$800.00	\$9.50	\$950.00	\$10.00	\$1,000.00
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$0.25	\$100.00	\$0.24	\$96.00	\$0.25	\$100.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,200.00	\$2,200.00	\$2,490.00	\$2,490.00	\$2,725.00	\$2,725.00
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
					\$20,700.00		\$21,136.00		\$21,675.00

## A - PS&amp;E Comparison

Item No:	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
662.1626	6" DRILLED WELL	LF	760.00	\$10.00	\$7,600.00	\$11.00	\$8,360.00	(\$760.00)
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	240.00	\$20.00	\$4,800.00	\$21.00	\$5,040.00	(\$240.00)
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.00	\$4.00	\$2,000.00	\$5.50	\$2,750.00	(\$750.00)
662.41	TRENCH AND PIPE	LF	100.00	\$8.00	\$800.00	\$10.00	\$1,000.00	(\$200.00)
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$0.25	\$100.00	\$0.50	\$200.00	(\$100.00)
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,200.00	\$2,200.00	\$2,700.00	\$2,700.00	(\$500.00)
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
					\$20,700.00		\$23,250.00	(\$2,550.00)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/29/2015

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).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Susan Gilman <b>PHONE (A/C, No, Ext):</b> (603) 224-2562 <b>E-MAIL ADDRESS:</b> sgilman@rowleyagency.com	<b>FAX (A/C, No):</b> (603) 224-8012
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Skillings & Sons, Inc. 9 Columbia Drive Amherst NH 03031	<b>INSURER A:</b> Cincinnati Insurance Company <b>NAIC #</b> 10677	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 16/17 Cert      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Contractual per</b> GA101 (12/04) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP0835137	01/01/2016	01/01/2017	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 - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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	01/01/2016	01/01/2017	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CPP0835137	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC1914965-07 3A States: NH MA RI VT ME Excluded Officer: Norman Skillings	01/01/2016	01/01/2017	<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

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Project #40316F-Dana Latour, 1412 Mammoth Rd, Pelham NH. State of NH, DOT is an additional insured under the general liability when required by written contract with the named insured.

<b>CERTIFICATE HOLDER</b>  State of NH, DOT 7 Hazen Dr PO Box 483 Concord, NH 03302-0483	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Susan Gilman/SJG 

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