



Victoria F. Sheehan  
Commissioner

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



William Cass, P.E.  
Assistant Commissioner

22  
Cass

Bureau of Highway Maintenance  
(Well Section)  
January 23, 2018

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, Inc. of Amherst, NH (Vendor 161456) in the amount of \$13,714.50 for installation of a new 4” casing with jaswell seal in the existing well and pump with ancillary equipment on the property of Richard Giard, 60 South Road, Deerfield, NH, from the date of Governor and Council approval through June 29, 2018, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funding is available as follows:  
04-96-96-960515-3066

**FY 2018**

Salted Wells Account  
400-500870 Highway Contract Payments

\$13,714.50

**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 correct the homeowner’s water supply, by sleeving said well. This proposal is in conformity with RSA 228:34.

This contract was advertised and four bids were received and publicly opened on January 4, 2018. Skillings & Sons, Inc. was the low bidder at \$13,714.50 and the Department considers this bid to be reasonable.

Although this contract is below the \$25,000 Governor and Council threshold, this item, if approved, would place the vendor above the threshold.

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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,

 for  
Victoria F. Sheehan  
Commissioner

VFS/md  
Attachment:

Department Estimate: \$13,960.00  
Contract Amount:     \$13,714.50  
Under Estimate:     \$   245.00



# ABC Bid Data

DEERFIELD  
41496D  
NON-FEDERAL

**PROJECT:** DEERFIELD  
**STATE PROJECT NUMBER:** 41496D  
**FED. PROJECT NUMBER:** NON-FEDERAL  
**DATE BIDS OPEN:** January 04, 2018, 2:00  
**SCOPE OF WORK:** Repair Guard salted well by installing Jaswell Seal  
**COMPLETION DATE:** June 29, 2018  
**LOCATION:**

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

**Amount:** \$13,714.50  
**Award Date:**  
**Certified by:** PETER E. STAMNAS  
Director of Project Development

## Summary of Bidders

Contractor	Bid Amount	Rank
SKILLINGS & SONS INC 9 COLUMBIA DRIVE, AMHERST NH 03031	\$13,714.50	A
WRAGG BROS OF VERMONT INC ROUTE 5, PO BOX 110, ASCUTNEY VT 05030	\$13,797.00	B
CAPITAL WELL COMPANY INC 150 CONCORD STAGE ROAD, DUNBARTON NH 03046	\$14,495.00	C
CUSHING & SONS INC 631 Route 12 North, SURRY NH 03431	\$21,992.00	D

Item No.	Description	Unit	Quantity	PS&E		SKILLINGS & SONS INC 9 COLUMBIA DRIVE ANNIERST, NH 03031		WRAIG BROS OF VERMONT INC ROUTE 5 ASCUTNEY, VT 05630	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	828.00	\$10.00	\$8,280.00	\$8.25	\$6,814.50	\$9.50	\$7,847.00
662.41	TRENCH AND PIPE	LF	10.00	\$10.00	\$100.00	\$120.00	\$1,200.00	\$10.00	\$100.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,600.00	\$2,600.00	\$2,700.00	\$2,700.00	\$2,850.00	\$2,850.00
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
<b>Totals:</b>					<b>\$13,980.00</b>		<b>\$13,714.50</b>		<b>\$13,797.00</b>
<b>All Totals:</b>									
<b>Totals:</b>					<b>\$13,980.00</b>		<b>\$13,714.50</b>		<b>\$13,797.00</b>

Item No.	Description	Unit	Quantity	PS&E		CAPITAL WELL COMPANY INC 150 CONCORD STAGE ROAD DUNBARTON, NH 03048		CUSHING & SONS INC 831 Route 12 North Surry, NH 03431	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

**Items**

662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	826.00	\$10.00	\$8,260.00	\$10.00	\$8,260.00	\$17.00	\$14,042.00
662.41	TRENCH AND PIPE	LF	10.00	\$10.00	\$100.00	\$45.00	\$450.00	\$120.00	\$1,200.00
662.62075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,600.00	\$2,600.00	\$2,785.00	\$2,785.00	\$3,750.00	\$3,750.00
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
<b>Totals:</b>					<b>\$13,960.00</b>		<b>\$14,495.00</b>		<b>\$21,992.00</b>
<b>All Totals:</b>									
<b>Totals:</b>					<b>\$13,960.00</b>		<b>\$14,495.00</b>		<b>\$21,992.00</b>



# PS&E Comparison

DEERFIELD  
41496D  
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	826.00	\$8.25	\$6,814.50	\$10.00	\$8,260.00	(\$1,445.50)
662.41	TRENCH AND PIPE	LF	10.00	\$120.00	\$1,200.00	\$10.00	\$100.00	\$1,100.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,700.00	\$2,700.00	\$2,600.00	\$2,600.00	\$100.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$0.00
<b>Total:</b>					\$13,714.50	\$13,960.00	(\$245.50)	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2018

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> <b>THE ROWLEY AGENCY INC.</b> 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>FAX (A/C, No):</b> (603) 224-8012 <b>E-MAIL ADDRESS:</b> sgilman@rowleyagency.com	
<b>INSURED</b> <b>Skillings &amp; Sons, Inc.</b> 9 Columbia Drive Amherst NH 03031		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cincinnati Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10677	

**COVERAGES**      **CERTIFICATE NUMBER:** 18/19 All Lines \$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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual per GA101(12/04) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: No XCU Exclusion			CPP08351371	01/01/2018	01/01/2019	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
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA0200835	01/01/2018	01/01/2019	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"/> <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			CPP08351371	01/01/2018	01/01/2019	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 <input checked="" type="checkbox"/> Y N/A			WC1914965-09 3A States: NH MA RI VT ME Excluded Officers: Norman Skillings	01/01/2018	01/01/2019	<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	<b>Leased/Rented Equipment</b>			CPP08351371	01/01/2018	01/01/2019	\$100,000 Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Project #41496D, Deerfield, NH. State of NH, DOT, its officials, employees and volunteers are additional insureds as respects general liability, auto liability and umbrella when required by written contract with named insured.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire DOT PO Box 483 Concord, NH 03302-0483	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 
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