



Victoria F. Sheehan
Commissioner

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.
Assistant Commissioner

21
Cass

Bureau of Highway Maintenance
(Well Section)
January 17, 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 Capital Well Company, Inc. of Dunbarton, NH (Vendor 156110) in the amount of \$22,005.00 for a 6-inch drilled well and pump on the property of John Stanhope, 41 NH Route 10, Orford, 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:

FY 2018

04-96-96-960515-3066

Salted Wells Account

400-500870 Highway Contract Payments

\$22,005.00

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 January 4, 2018. Capital Well Company Inc. was the low bidder at \$22,005.00 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: \$24,975.00

Contract Amount: \$22,005.00

Under Estimate: \$ 2,970.00

PROJECT: ORFORD
 STATE PROJECT NUMBER: 41496C
 FED. PROJECT NUMBER: NON-FEDERAL
 DATE BIDS OPEN: January 04, 2018, 2:00
 SCOPE OF WORK: Replace Stanhope salted well
 COMPLETION DATE: June 29, 2018
 LOCATION:

Awarded To: CAPITAL WELL COMPANY
 INC
 150 CONCORD STAGE ROAD
 DUNBARTON, NH 03046

Amount: \$22,005.00
 Award Date:
 Certified by: PETER.E.STAMNANAS
Director of Project Development

Summary of Bidders

| Contractor | Bid Amount | Rank |
|--|-------------|------|
| CAPITAL WELL COMPANY INC 150 CONCORD STAGE ROAD, DUNBARTON NH 03046 | \$22,005.00 | A |
| WRAGG BROS OF VERMONT INC ROUTE 5, PO BOX 110, ASCUTNEY VT 05030 | \$23,620.00 | B |
| CUSHING & SONS INC 631 Route 12 North, SURRY NH 03431 | \$27,500.00 | C |
| SKILLINGS & SONS INC 9 COLUMBIA DRIVE, AMHERST NH 03031 | \$27,720.00 | D |

| Item No. | Description | Unit | Quantity | PR&E | | CAPITAL WELL COMPANY INC 150 CONCORD STAGE ROAD DUNBARTON, NH 03048 | | WRAGO BROS OF VERMONT INC ROUTE 5 ASCUTNEY, VT 05030 | |
|----------|-------------|------|----------|------------|-------|---|-------|--|-------|
| | | | | Unit Price | Total | Unit Price | Total | Unit Price | Total |

Items

| | | | | | | | | | |
|---------------------|--|----|----------|------------|--------------------|------------|--------------------|------------|--------------------|
| 662.1626 | 6" DRILLED WELL | LF | 800.00 | \$12.00 | \$9,600.00 | \$10.50 | \$8,400.00 | \$10.00 | \$8,000.00 |
| 662.166 | PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING) | LF | 200.00 | \$25.00 | \$5,000.00 | \$23.00 | \$4,600.00 | \$22.00 | \$4,400.00 |
| 662.244 | 4" WELL CASING (INCLUDING JASWELL SEALS & GROUT) | LF | 500.00 | \$7.00 | \$3,500.00 | \$5.00 | \$2,500.00 | \$9.00 | \$4,500.00 |
| 662.41 | TRENCH AND PIPE | LF | 60.00 | \$15.00 | \$900.00 | \$12.00 | \$720.00 | \$9.50 | \$570.00 |
| 662.421 | 1" PE FLEXIBLE TUBING | LF | 400.00 | \$0.50 | \$200.00 | \$0.25 | \$100.00 | \$0.25 | \$100.00 |
| 662.52075 | SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES | EA | 1.00 | \$2,575.00 | \$2,575.00 | \$2,485.00 | \$2,485.00 | \$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 |
| 1008.18 | ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST | \$ | 200.00 | \$1.00 | \$200.00 | \$1.00 | \$200.00 | \$1.00 | \$200.00 |
| Totals: | | | | | \$24,975.00 | | \$22,005.00 | | \$23,620.00 |
| Alt. Totals: | | | | | | | | | |
| Totals: | | | | | \$24,975.00 | | \$22,005.00 | | \$23,620.00 |

| Item No. | Description | Unit | Quantity | PS&E | | CUSHING & SONS INC 631 Route 12 North Smyr, NH 03431 | | SKILLINGS & 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 | \$12.00 | \$9,600.00 | \$10.00 | \$8,000.00 | \$13.00 | \$10,400.00 |
| 662.166 | PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING) | LF | 200.00 | \$25.00 | \$5,000.00 | \$30.00 | \$6,000.00 | \$18.00 | \$3,600.00 |
| 662.244 | 4" WELL CASING (INCLUDING JASWELL SEALS & GROUT) | LF | 500.00 | \$7.00 | \$3,500.00 | \$10.00 | \$5,000.00 | \$11.00 | \$5,500.00 |
| 662.41 | TRENCH AND PIPE | LF | 60.00 | \$15.00 | \$900.00 | \$20.00 | \$1,200.00 | \$12.00 | \$720.00 |
| 662.421 | 1" PE FLEXIBLE TUBING | LF | 400.00 | \$0.50 | \$200.00 | \$0.50 | \$200.00 | \$1.50 | \$600.00 |
| 662.62075 | SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES | EA | 1.00 | \$2,575.00 | \$2,575.00 | \$3,900.00 | \$3,900.00 | \$3,700.00 | \$3,700.00 |
| 1006.11 | 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 |
| 1006.18 | ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST | \$ | 200.00 | \$1.00 | \$200.00 | \$1.00 | \$200.00 | \$1.00 | \$200.00 |
| Totals: | | | | | \$24,975.00 | | \$27,500.00 | | \$27,720.00 |
| Alt. Totals: | | | | | | | | | |
| Totals: | | | | | \$24,975.00 | | \$27,500.00 | | \$27,720.00 |



PS&E Comparison

ORFORD
41496C
NON-FEDERAL

| 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 | 800.00 | \$10.50 | \$8,400.00 | \$12.00 | \$9,600.00 | (\$1,200.00) |
| 662.166 | PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING) | LF | 200.00 | \$23.00 | \$4,600.00 | \$25.00 | \$5,000.00 | (\$400.00) |
| 662.244 | 4" WELL CASING (INCLUDING JASWELL SEALS & GROUT) | LF | 500.00 | \$5.00 | \$2,500.00 | \$7.00 | \$3,500.00 | (\$1,000.00) |
| 662.41 | TRENCH AND PIPE | LF | 60.00 | \$12.00 | \$720.00 | \$15.00 | \$900.00 | (\$180.00) |
| 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 | \$2,485.00 | \$2,485.00 | \$2,575.00 | \$2,575.00 | (\$90.00) |
| 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: | | | | | \$22,005.00 | | \$24,975.00 | (\$2,970.00) |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/12/2018

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).

| PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511 | CONTACT NAME: Susan Gilman PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: sgilman@rowleyagency.com | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|--------------------------------|-------|----------------------------|--------|------------|--|------------|--|------------|--|------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Continental Western</td> <td>10804</td> </tr> <tr> <td>INSURER B: Acadia Ins. Co.</td> <td>313251</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> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Continental Western | 10804 | INSURER B: Acadia Ins. Co. | 313251 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | |
| INSURER A: Continental Western | 10804 | | | | | | | | | | | | | |
| INSURER B: Acadia Ins. Co. | 313251 | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | |
| INSURED Capital Well Company, Inc. 150 Concord Stage Road Dunbarton NH 03046 | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 17/18 All Lines 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"/> 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 type="checkbox"/> LOC OTHER: | | | CPA5251344-11 | 04/15/2017 | 04/15/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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 \$ |
| B | AUTOMOBILE LIABILITY <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 | | | CAA5251345-11 | 04/15/2017 | 04/15/2018 | 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 <input checked="" type="checkbox"/> RETENTION \$ 0 | | | CUA5251346-11 | 04/15/2017 | 04/15/2018 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| B | 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"/> N/A | | | WCA5151527-11 3A States: NH | 04/15/2017 | 04/15/2018 | <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 | Leased/Rented Equipment | | | CPA5251344-11 | 04/15/2017 | 04/15/2018 | \$50,000 Limit of Liability |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project #41496C, 41 NH Route 10, Orford, NH. State of NH, its officials, employees and volunteers are additional insured on general liability, auto liability and umbrella when required by written contract with named insured.

| | |
|--|--|
| CERTIFICATE HOLDER State of New Hampshire Dept of Transportation PO Box 483 Concord, NH 03301 | 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 Susan Gilman/SJG  |
|--|--|

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