



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

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JEFF BRILLHART, P.E.
ACTING COMMISSIONER

Bureau of Highway Maintenance
(Well Section)
December 29, 2014

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 \$20,975.00 for a 6-inch drilled well and pump on the property of Kenneth Kiper, Newfields, NH, from the date of Governor and Council approval through November 6, 2015, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funding is available as follows for FY 2015 and is contingent upon the availability and continued appropriation of FY 2016 funds.

	<u>FY 2015</u>	<u>FY 2016</u>
Salted Wells Account		
04-96-96-960515-3066		
400-500870 Highway Contract Payments	\$15,975.00	\$5,000.00

EXPLANATION

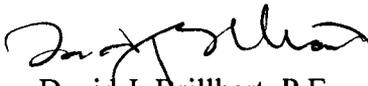
Results of investigations and water analysis has been evaluated, and it has been determined that the existing water supply has been contaminated by highway chlorides. The Department is therefore obligated to obtain a new water supply for the owner. This proposal is in conformity with RSA 228:34.

This contract was advertised and four bids were received and publicly opened on December 3, 2014. Skillings & Sons, Inc., was the low bidder at \$20,975.00 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,



David J. Brillhart, P.E.
Acting Commissioner

DJB/md
Attachment:

Department Estimate: \$26,000.00
Contract Amount: \$20,975.00
Under Estimate: \$ 5,025.00

**State of New Hampshire
Department of Transportation**

29486G.01

Project:	KIPER SALTED WELL REPLACEMENT NONE 29486G
County and Code:	ROCKINGHAM COUNTY 015
Date Bids Open:	December 3, 2014
Scope of Work:	DRILLED WELL AND PUMP
Location:	KENNETH KIPER, 4 HALLS MILL ROAD, NEWFIELDS NH 03856
Completion Date:	November 6, 2015
A SKILLINGS & SONS INC 9 COLUMBIA DRIVE AMHERST NH 03031	\$20,975.00
B WRAGG BROTHERS OF VERMONT INC PO BOX 110 ASCUTNEY VT 05030	\$21,405.00
C LARRY G CUSHING & SONS INC PO BOX 668 WALPOLE NH 03608	\$21,874.00
D CAPITAL WELL COMPANY INC 150 CONCORD STAGE ROAD DUNBARTON NH 03046	\$23,600.00

Item No:	Description	Unit	Quantity	A		B		C	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
662.1626	6" DRILLED WELL	LF	800.00	\$10.00	\$8,000.00	\$10.00	\$8,000.00	\$8.50	\$6,800.00
662.166	PILOT HOLE FOR 6" WELLS	LF	200.00	\$20.00	\$4,000.00	\$26.00	\$5,200.00	\$27.00	\$5,400.00
662.244	4" CASING INC JASWELL SEA	LF	400.00	\$5.00	\$2,000.00	\$3.15	\$1,260.00	\$5.00	\$2,000.00
662.41	TRENCH AND PIPE	LF	100.00	\$8.50	\$850.00	\$8.45	\$845.00	\$1.00	\$100.00
662.42	1" PE FLEXIBLE TUBING	LF	400.00	\$0.50	\$200.00	\$0.50	\$200.00	\$0.56	\$224.00
662.52075	SUBMERSIBLE PUMP & ACCESS	EA	1.00	\$2,725.00	\$2,725.00	\$2,700.00	\$2,700.00	\$4,150.00	\$4,150.00
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	4 HOUR PUMP TEST	\$	200.00	\$1.00	\$200.00	\$1.00	\$200.00	\$1.00	\$200.00
					\$20,975.00		\$21,405.00		\$21,874.00

Item No:	Description	Unit	Quantity	D		Total		Total	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
662.1626	6" DRILLED WELL	LF	800.00	\$11.00	\$8,800.00		\$8,800.00		\$8,800.00
662.166	PILOT HOLE FOR 6" WELLS	LF	200.00	\$27.00	\$5,400.00		\$5,400.00		\$5,400.00
662.244	4" CASING INC JASWELL SEA	LF	400.00	\$6.00	\$2,400.00		\$2,400.00		\$2,400.00
662.41	TRENCH AND PIPE	LF	100.00	\$9.00	\$900.00		\$900.00		\$900.00
662.42	1" PE FLEXIBLE TUBING	LF	400.00	\$0.50	\$200.00		\$200.00		\$200.00
662.52075	SUBMERSIBLE PUMP & ACCESS	EA	1.00	\$2,700.00	\$2,700.00		\$2,700.00		\$2,700.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00		\$3,000.00		\$3,000.00
1008.18	4 HOUR PUMP TEST	\$	200.00	\$1.00	\$200.00		\$200.00		\$200.00
					\$23,600.00		\$23,600.00		\$23,600.00

A - PS&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	800.00	\$10.00	\$8,000.00	\$13.00	\$10,400.00	(\$2,400.00)
662.166	PILOT HOLE FOR 6" WELLS	LF	200.00	\$20.00	\$4,000.00	\$21.00	\$4,200.00	(\$200.00)
662.244	4" CASING INC JASWELL SEA	LF	400.00	\$5.00	\$2,000.00	\$10.00	\$4,000.00	(\$2,000.00)
662.41	TRENCH AND PIPE	LF	100.00	\$8.50	\$850.00	\$10.00	\$1,000.00	(\$150.00)
662.42	1" PE FLEXIBLE TUBING	LF	400.00	\$0.50	\$200.00	\$0.50	\$200.00	\$0.00
662.52075	SUBMERSIBLE PUMP & ACCESS	EA	1.00	\$2,725.00	\$2,725.00	\$3,000.00	\$3,000.00	(\$275.00)
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	4 HOUR PUMP TEST	\$	200.00	\$1.00	\$200.00	\$1.00	\$200.00	\$0.00
					\$20,975.00		\$26,000.00	(\$5,025.00)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2014

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. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Susan Gilman PHONE (A/C No. Ext): (603) 224-2562 E-MAIL ADDRESS: sgilman@rowleyagency.com	FAX (A/C No.): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED Skillings & Sons, Inc. 9 Columbia Drive Amherst NH 03031	INSURER A: Cincinnati Insurance Company NAIC # 10677	
	INSURER B: Westchester Surplus Lines Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 15/16 \$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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual per GA101 (12/04) GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0835137	01/01/2015	01/01/2016	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	AUTOMOBILE LIABILITY <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	01/01/2015	01/01/2016	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CPP0835137	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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		WC1914965-06 3A States: NH MA Excluded Officers: Norman Skillings	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Contractors Pollution Liability		G27108453002	01/21/2015	01/21/2016	\$1,000,000 Each Pollution Condition/\$2,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project #29486G, Newfields, NH. State of NH, DOT is an additional insured under the general liability when required by written contract with named insured.

CERTIFICATE HOLDER State of NH, DOT PO Box 463 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 