



*Victoria F. Sheehan  
Commissioner*

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



*William Cass, P.E.  
Assistant Commissioner*

37  
Bank

FEB 03 16 01:13 PM '16

Bureau of Highway Maintenance  
(Well Section)  
January 26, 2016

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 Kriester Artesian Well Co., Inc. of Henniker, NH (Vendor 151947) in the amount of \$19,020.00 for a 6-inch drilled well and pump on the property of Ken Fortin, 804 Washington Street, Barrington, 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**

\$19,020.00

**EXPLANATION**

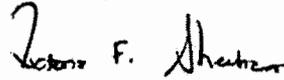
Results of investigations and water analysis has been evaluated, and it has been determined that the existing water supply has been contaminated by highway chlorides. The Department is therefore obligated to obtain a new water supply for the owner. This proposal is in conformity with RSA 228:34.

This contract was advertised and four bids were received and publicly opened on January 14, 2016. Kriester Artesian Well Co., Inc. was the low bidder at \$19,020.00 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,



Victoria F. Sheehan  
Commissioner

VFS/md

Attachment:

Department Estimate: \$22,650.00

Contract Amount: \$19,020.00

Under Estimate: \$ 3,630.00

**State of New Hampshire  
Department of Transportation**

40316H.01

**Project:** BARRINGTON - FORTIN SALTED  
WELL NONE 40316H

**County and Code:** STRAFFORD COUNTY 017

**Date Bids Open:** January 14, 2016

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

**Location:** KEN FORTIN, 804 WASHINGTON ST (US 202),  
BARRINGTON, NH 03825

**Completion Date:** June 24, 2016

A KRIESTER ARTESIAN WELL CO INC PO BOX 392 HENNIKER NH 03242	\$19,020.00
B WRAGG BROTHERS OF VERMONT INC PO BOX 110 ASCUTNEY VT 05030	\$20,221.00
C CAPITAL WELL COMPANY INC 150 CONCORD STAGE ROAD DUNBARTON NH 03046	\$20,336.00
D SKILLINGS & SONS INC 9 COLUMBIA DRIVE AMHERST NH 03031	\$20,450.00

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	\$9.00	\$7,200.00	\$10.00	\$8,000.00	\$10.00	\$8,000.00
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.00	\$19.50	\$3,900.00	\$20.00	\$4,000.00	\$19.95	\$3,990.00
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.00	\$3.50	\$1,750.00	\$3.90	\$1,950.00	\$3.95	\$1,975.00
662.41	TRENCH AND PIPE	LF	100.00	\$7.00	\$700.00	\$7.75	\$775.00	\$7.75	\$775.00
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$0.20	\$80.00	\$0.24	\$96.00	\$0.24	\$96.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,190.00	\$2,190.00	\$2,200.00	\$2,200.00	\$2,300.00	\$2,300.00
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
					\$19,020.00		\$20,221.00		\$20,336.00

Item No:	Description	Unit	Quantity	D		Unit Price	Total	Unit Price	Total
				Unit Price	Total				
662.1626	6" DRILLED WELL	LF	800.00	\$10.00	\$8,000.00				
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.00	\$20.00	\$4,000.00				
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.00	\$4.00	\$2,000.00				
662.41	TRENCH AND PIPE	LF	100.00	\$9.00	\$900.00				
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$0.25	\$100.00				
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,250.00	\$2,250.00				
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00				
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.00	\$1.00	\$200.00				
					\$20,450.00				

## A - PS&E Comparison

PS&E = NHDOT Cost Estimate

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	\$9.00	\$7,200.00	\$10.50	\$8,400.00	(\$1,200.00)
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.00	\$19.50	\$3,900.00	\$21.50	\$4,300.00	(\$400.00)
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.00	\$3.50	\$1,750.00	\$5.50	\$2,750.00	(\$1,000.00)
662.41	TRENCH AND PIPE	LF	100.00	\$7.00	\$700.00	\$11.00	\$1,100.00	(\$400.00)
662.421	1" PE FLEXIBLE TUBING	LF	400.00	\$0.20	\$80.00	\$0.50	\$200.00	(\$120.00)
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.00	\$2,190.00	\$2,190.00	\$2,700.00	\$2,700.00	(\$510.00)
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
					\$19,020.00		\$22,650.00	(\$3,630.00)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/21/2016

**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> Amadio Insurance Agency P.O. Box 1189  Hillsboro NH 03244	<b>CONTACT NAME:</b> Butch Amadio <b>PHONE (A/C, No, Ext):</b> Off. 603 464 5882 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> butch@amadioins.com														
<b>INSURED</b> Kriester Artesian Well Co Inc Po Box 392  Henniker NH 03242-0392	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : CONCORD GEN MUT INS CO</td> <td style="text-align: center;">20672</td> </tr> <tr> <td>INSURER B : Riverport Insurance Company</td> <td></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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : CONCORD GEN MUT INS CO	20672	INSURER B : Riverport Insurance Company		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	<input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			E886347-4	06/20/2015	06/19/2016	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 CGL \$								
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			20001810	06/20/2015	06/20/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMCSL \$ 1000000								
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$								
B	<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	WC2883002820	11/16/2015	11/16/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PER STATUTE</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
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E.L. DISEASE - POLICY LIMIT	\$ 500,000														

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Property of Ken Fortin, 804 Washington Street (US 202) Barrington, NH 03825. Project No. 40316H  
 State of NH listed as Additional Insureds

<b>CERTIFICATE HOLDER</b>  State of New Hapshire  Department of Transportation Hazen Drive, Concord, NH 03301	<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.  AUTHORIZED REPRESENTATIVE <p style="text-align: center; font-size: 1.2em;"><i>Butch Amadio</i></p>
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