



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



*Bamber*  
*30*

**CHRISTOPHER D. CLEMENT, SR.  
COMMISSIONER**

**JEFF BRILLHART, P.E.  
ASSISTANT COMMISSIONER**

Bureau of Highway Maintenance  
(Well Section)  
October 24, 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 Wragg Brothers of Vermont, Inc. of Ascutney, VT, (Vendor 160458) in the amount of \$24,600.00 for a 6-inch drilled well and pump on the property of James Michalik, 147 Spruceville Road, Milan, NH, from the date of Governor and Council approval through July 24, 2015, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

**FY 2015**

Salted Wells Account	
04-96-96-960515-3066	
400-500870 Highway Contract Payments	\$24,600.00

**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 October 23, 2014. Wragg Brothers of Vermont, Inc., was the low bidder at \$24,600.00 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,



Christopher D. Clement, Sr.  
Commissioner

CDC/md  
Attachment:

Department Estimate: \$26,300.00  
Contract Amount: \$24,600.00  
Under Estimate: \$ 1,700.00

# State of New Hampshire Department of Transportation

**Project:** MICHALIK SALTED WELL  
NON-FEDERAL 29486E

**County and Code:** COOS COUNTY 007

**Date Bids Open:** October 23, 2014

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

**Location:** JAMES MICHALIK, 147 SPRUCEVILLE ROAD, MILAN NH  
03588

**Completion Date:** July 24, 2015

A WRAGG BROTHERS OF VERMONT INC  
PO BOX 110 ASCUTNEY VT 05030 \$24,600.00

B CAPITAL WELL CO., INC.  
150 CONCORD STAGE ROAD DUNBARTON, NH 03046 \$24,660.00

C LARRY G CUSHING & SONS INC  
PO BOX 668 WALPOLE NH 03608 \$27,900.00

D SKILLINGS & SONS INC  
9 COLUMBIA DRIVE AMHERST NH 03031 \$29,705.00

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	\$12.00	\$9,600.00	\$12.00	\$9,600.00	\$13.50	\$10,800.00
662.166	PILOT HOLE FOR 6" WELLS	LF	200.00	\$28.00	\$5,600.00	\$27.00	\$5,400.00	\$30.10	\$6,020.00
662.244	4" CASING INC JASWELL SEA	LF	500.00	\$5.00	\$2,500.00	\$5.00	\$2,500.00	\$7.00	\$3,500.00
662.41	TRENCH AND PIPE	LF	60.00	\$10.00	\$600.00	\$16.00	\$960.00	\$12.00	\$720.00
662.42	1" PE FLEXIBLE PIPE	LF	400.00	\$0.50	\$200.00	\$0.50	\$200.00	\$1.00	\$400.00
662.52075	SUBMERSIBLE PUMP & ACCESS	EA	1.00	\$2,900.00	\$2,900.00	\$2,800.00	\$2,800.00	\$3,260.00	\$3,260.00
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
					\$24,600.00		\$24,660.00		\$27,900.00
662.1626	6" DRILLED WELL	LF	800.00	\$14.00	\$11,200.00				
662.166	PILOT HOLE FOR 6" WELLS	LF	200.00	\$27.00	\$5,400.00				
662.244	4" CASING INC JASWELL SEA	LF	500.00	\$10.00	\$5,000.00				
662.41	TRENCH AND PIPE	LF	60.00	\$14.00	\$840.00				
662.42	1" PE FLEXIBLE PIPE	LF	400.00	\$1.00	\$400.00				
662.52075	SUBMERSIBLE PUMP & ACCESS	EA	1.00	\$3,665.00	\$3,665.00				
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00				
1008.18	4 HOUR PUMP TEST	\$	200.00	\$1.00	\$200.00				
					\$29,705.00				

# 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	\$12.00	\$9,600.00	\$11.00	\$8,800.00	\$800.00
662.166	PILOT HOLE FOR 6" WELLS	LF	200.00	\$28.00	\$5,600.00	\$25.00	\$5,000.00	\$600.00
662.244	4" CASING INC JASWELL SEA	LF	500.00	\$5.00	\$2,500.00	\$11.00	\$5,500.00	(\$3,000.00)
662.41	TRENCH AND PIPE	LF	60.00	\$10.00	\$600.00	\$10.00	\$600.00	\$0.00
662.42	1" PE FLEXIBLE PIPE	LF	400.00	\$0.50	\$200.00	\$1.00	\$400.00	(\$200.00)
662.52075	SUBMERSIBLE PUMP & ACCESS	EA	1.00	\$2,900.00	\$2,900.00	\$2,800.00	\$2,800.00	\$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
1008.18	4 HOUR PUMP TEST	\$	200.00	\$1.00	\$200.00	\$1.00	\$200.00	\$0.00
					\$24,600.00		\$26,300.00	(\$1,700.00)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/27/2014

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).

<b>PRODUCER</b> People's United Insurance Agency 87 West Street 2nd Floor Rutland, VT 05701	<b>CONTACT NAME:</b> Claire M. Wilber <b>PHONE (A/C, No, Ext):</b> 802 786-5521 <b>E-MAIL ADDRESS:</b> claire.wilber@peoples.com	<b>FAX (A/C, No):</b> 802 770-6726
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED:</b> Wragg Brothers of VT INC Wragg Brothers of NH LLC P O Box 110 Ascutney, VT 05030	<b>INSURER A:</b> Netherlands Insurance Company <b>NAIC #</b> 24171	
	<b>INSURER B:</b> Peerless Insurance Company <b>24198</b>	
	<b>INSURER C:</b> Excelsior Insurance Company <b>11045</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 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"/> Blanket Addl Insured per Written Contract GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	CEP8282277  Endt # 22-45	06/01/2014	06/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 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 - ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BA8284477	06/01/2014	06/01/2015	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: \$10000		CU8286277	06/01/2014	06/01/2015	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/TN <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC8436472	06/01/2014	06/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**JOB #29486E. Certificate Holder and State of New Hampshire, its officials, employees and volunteers are listed as additional insured under general liability and auto liability as required by written contract for work performed by insured subject to terms and conditions of the policy.**

<b>CERTIFICATE HOLDER</b> New Hampshire Dept of Transportation Office of Federal Compliance 7Hazen Drive Concord, NH 03302	<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 <i>Claire M Wilber</i>
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