



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street – Room 120
Concord, New Hampshire 03301

149 *dm*

Joseph B. Bouchard
Assistant Commissioner
(603) 271-3204

Division of Public Works
Design and Construction
Project No. 80855R – Contract C

May 25, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a contract with Turnstone Corp. (VC# 169530), Milford, NH, for a total price not to exceed \$325,800, for the Three USTs (Underground Storage Tanks) Upgrade at New Hampshire Hospital, Concord, NH. This contract is effective upon Governor and Council approval through October 27, 2017, unless extended in accordance with the contract terms. **54% Capital - General Funds, 46% Federal Funds.**

2). Further authorize the amount of \$7,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$332,800. **57% Capital – Funds, 43% Federal Funds.**

Funding is available in account titled Department of Health and Human Services (NH Hospital) as follows:

05-94-94-940030-52730000 NH Underground Fuel	<u>SFY17</u>
034-500162 - Repair/Renovations Bldgs.	\$ 175,575
034-500162 - Interagency DPW Fees	<u>4,000</u>
Sub-Total	\$ 179,575
 05-95-95-953010-56850000 Management Support	
103-500736 - Contract Repairs, Building/Grounds	\$ 49,000
103-500736 - Interagency DPW Fees	<u>1,000</u>
Sub-Total	\$ 50,000

05-94-94-940010-84100000 NHH – Facility/Patient Support

048-500226 - Repair/Renovations Bldgs.	\$ 101,225
048-500226 - Interagency DPW Fees	<u>\$ 2,000</u>
Sub-Total	\$ 103,225
Grand Total	\$ 332,800

EXPLANATION

Per Chapter 220:1, VII, K, Laws of 2015 for New Hampshire Hospital Underground Fuel. This project consists of removing and replacing a 6,000 gallon single wall piping with double wall piping and other appurtenances at 133 Pleasant Street, Concord. Secondly, removing and replacing Tank #1 and Tank #2 at 36 Clinton Street, each 6,000 gallon, single wall piping gasoline tanks and replacing them with double wall piping and other appurtenances. Finally, removing and replacing a 6,000 gallon Diesel Tank at 36 Clinton Street and replace the existing sump and day tank along with other appurtenances.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution, and the Department of Health and Human Services – New Hampshire Hospital 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, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,


Joseph B. Bouchard
Assistant Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80855, Contract C – New Hampshire Hospital Three UST (Underground Storage Tank) Upgrades, Concord, New Hampshire.

DESCRIPTION: Gasoline Tank (6,000 gallon) at 133 Pleasant Street: Remove and replace single wall piping with double wall piping and other appurtenances.

#6 Oil Tanks (20,000 gallons) at 36 Clinton Street: Tank # 1 and Tank # 2 Remove and replace single wall piping with double wall piping and other appurtenances.

Diesel Tank (6,000 gallon) at 36 Clinton Street: Remove and replace the existing sump and day tank and other appurtenances.

EXPLANATION: The Gasoline Tank, #6 Oil work piping is not in compliance with DES regulations and need to be replaced.
The Diesel tank Day Tank is not in compliance with DES regulations. The sump gets water intrusion and needs to be raised.

UNDER ESTIMATE

EXPLANATION: The difference in the bid and estimate is 1.27% which is reasonable.

DEPARTMENT

ESTIMATE: \$330,000

LOW BID: \$325,800



Division of Public Works

ABC Bid Data

CONCORD
80655-C
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80655-C
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: April 12, 2017, 02:00 PM
SCOPE OF WORK: MHM Thru-List Upgrades
COMPLETION DATE: October 27, 2017
LOCATION: Merrimack

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$325,800.00	A
STEPHENS-MARQUIS ASSOCIATES 717 DANIEL WEBSTER HWY, MERRIMACK NH 03054	\$342,000.00	B

\$325,800.⁰⁰

BUREAU OF PUBLIC WORKS

Award to Turnstone Corporation

Hold for Negotiation

Cancel 04/12/17

User Agency _____

Authorized by _____

Date 04/18/2017

Item No.	Description	Unit	Quantity	PS&E		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705		STEPHENS-MARQUIS ASSOCIATES 717 DANIEL WEBSTER HWY MERRIMACK, NH 03054	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	ALL WORK AT GASOLINE TANK AND #6 OIL TANK	U	1.000	\$235,000.00	\$235,000.00	\$217,400.00	\$217,400.00	\$228,000.00	\$228,000.00
902	ALL WORK AT DIESEL TANK	U	1.000	\$75,000.00	\$75,000.00	\$98,400.00	\$98,400.00	\$98,000.00	\$98,000.00
903	ALLOW. #1 OWNERS CHANGES FOR UNKNOWN LATENT DIFFERING EXISTING CONDITIONS FOR BID ITEM 1 AND 2	\$	20,000.000	\$1.00	\$20,000.00	\$1.00	\$20,000.00	\$1.00	\$20,000.00

Totals: \$330,000.00 \$325,800.00 \$342,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/24/2017

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 CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246		CONTACT NAME: Tracy Andriski, CISR PHONE (A/C, No, Ext): (603) 524-2425 E-MAIL ADDRESS: tandriski@crossagency.com		FAX (A/C, No): (603) 524-3666	
INSURED State of NH - Department of Administrative Services C/O Turnstone Corporation 51 Franklin Street Milford NH 03055-0539		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Ins Co.		NAIC # 31325	
INSURER B:		INSURER C:		INSURER D:	
INSURER E:		INSURER F:			

COVERAGES CERTIFICATE NUMBER: CL1742107296 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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP5302448-10	4/24/2017	9/24/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: NHH (3) UST Upgrades, Concord #80855C

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services P.O. Box 429 7 Hazen Dr. 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 T Andriski, CISR/TA5 <i>Tracy Andriski</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/24/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246	PHONE (A/C, No, Ext): (603) 524-2425	COMPANY Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010
FAX (A/C, No): (603) 524-3666	E-MAIL ADDRESS: dhaley@crossagency.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00178165		
INSURED State of NH-Dept of Administrative Services Turnstone Corporation 479 Nashua Street Milford NH 03055-0539	LOAN NUMBER	POLICY NUMBER CIM5300272-10
	EFFECTIVE DATE 4/24/2017	EXPIRATION DATE 4/24/2018
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION NHH (3) UST Upgrades Concord, NH 03301 Project #80855C

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risks - RC, Special Form	325,800	1,000
Earthquake		25,000
Flood		25,000

REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

State of New Hampshire Department of Administrative Services P.O. Box 429 7 Hazen Drive Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	
T Andriski, CISR/TA5	<i>Murray Andriski</i>	