

THE STATE OF NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION



Victoria F. Sheehan Commissioner William Cass, P.E. Assistant Commissioner

Bureau of Highway Maintenance (Well Section) November 20, 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 Skillings & Sons, Inc. of Amherst, NH (Vendor 161456) in the amount of \$18,000.00 for the decommission of existing abandoned drilled wells on the properties of Nate Boutwell, 1406 Mammoth Road, Pelham, NH, and NHDOT, 54 Shadow Lake Road, Salem, NH, from the date of Governor and Council approval through June 28, 2019, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funding is available in State Fiscal Year 2019 as follows:

Funding is available as follows: 04-96-96-960515-3066 Salted Wells Account 400-500870 Highway Contract Payments

### **EXPLANATION**

FY 2019

\$18,000.00

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. With the completion of replacement well, abandoned well is decommission under DES Rule 603.04.

This contract was advertised and three bids were received and publicly opened on November 1, 2018. Skilling & Sons, Inc. was the low bidder at \$18,000.00 and the Department considers this bid to be reasonable.

## Page 2

Although the bid costs exceeded the Department's estimate by 5.88%, the low bid of 3 bids received is felt to be reasonable for the work involved. Readvertising this project would result, in our opinion, in higher prices and prevent the completion of the work in a timely manner. The Department considers it to be in the best interest of the State to accept this bid to accomplish these needed repairs.

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,

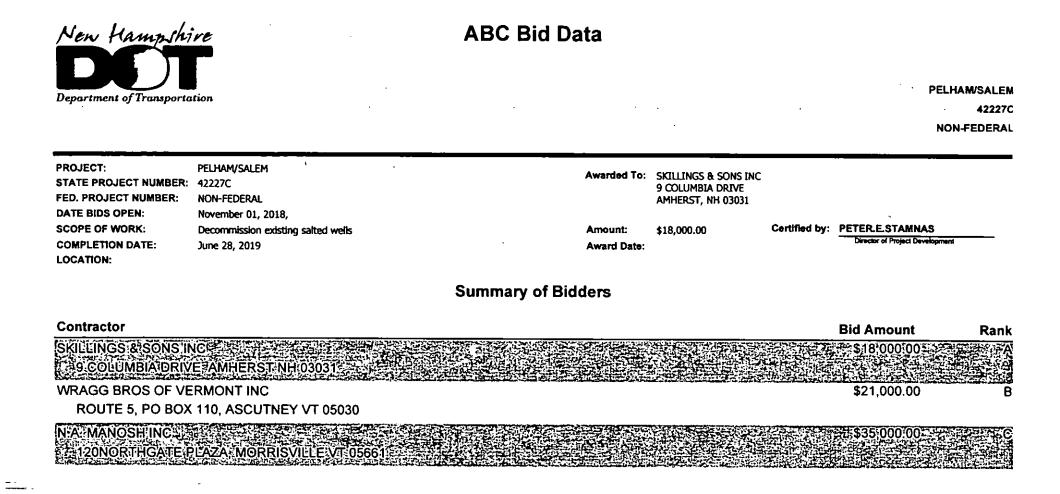
Victoria F. Sheehan Commissioner

VFS/md Attachment:

 Department Estimate:
 \$17,000.00

 Contract Amount:
 \$18,000.00

 Over Estimate:
 \$1,000.00



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Item No.	Description	 Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total

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Items

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662.281	DECOMMISSION DRILLED WELL	Ŀ	2,000.00	\$8.00	\$16,000.00	\$8.50	\$17,000,00	\$10.00	\$20,000.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	1,000,00	\$1,00	\$1,000,00	\$1,00	\$1,000.00	\$1.00	\$1,000.00
	Totals:				\$17,000.00		\$18,000.00	\$21,000.00	
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	Totats:				\$17,000.00	-	\$18,000.00		\$21,000.00
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Item No.	Description	Unit	Quantity	Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

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662.281	DECOMMISSION DRILLED WELL	Ŀ	2,000.00	\$8.00	\$16,000.00	\$17.00	\$34,000.00	
	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	1,000.00	\$1.00	\$1,000.00	\$1.00	\$1,000.00	
			Totals:		\$17,000.00		\$35,000.00	
			Alt. Totals:					
			Totals:		\$17,000.00		\$35,000.00	

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# **PS&E** Comparison



PELHAM/SALEM

NON-FEDERAL

				A-Bidde	er	PS&E		
Item No.	Description	Unit	Quantity	Unit Price	Totai	Unit Price	Total	A-PS&E Difference
ltems								
662.281	DECOMMISSION DRILLED WELL	LF	2,000.00	\$8.50	\$17,000.00	\$8.00	\$16,000.00	\$1,000.00

Total:

\$18,000.00

\$1,000.00

\$17,000.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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							20/2010			
THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AN	LY OR I	NEGATIVELY AMEND, EXTE DOES NOT CONSTITUTE A C	ND OR ALTER	R THE C	OVERAGE A	FFORDED BY THE POLICIES	5			
IMPORTANT: If the certificate holder is	an ADD	TIONAL INSURED, the polic	y(ies) must b	be endo	nsed. If SUB	ROGATION IS WAIVED, subject	to			
the terms and conditions of the policy, or certificate holder in lieu of such endorse			orsement. As	stateme	nt on this ce	rtificate does not confer rights	to the			
PRODUCER		• ;•	CONTACT Susan Gilman							
THE ROWLEY AGENCY INC.			PHONE (A/C. No. Ext):	• •	224-2562	FAX (A/C, No); (603) 22	4-8012			
45 Constitution Avenue			ADORESS: sgliman@rowleyagency.com							
P.O. Box 511							NAIC #			
Concord NH 033	02-05	11	INSURER A : C	10677						
INSURED			INSURER B :							
-	Skillings & Sons, Inc.									
9 Columbia Drive			INSURER D :	,		<u> </u>				
Amherst NH 030	31		INSURER E :							
	-	TE NUMBER: 19/20 Cert				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF	INSUR/	ANCE LISTED BELOW HAVE BE	EN ISSUED TO	THE INS		ABOVE FOR THE POLICY PERIO	0			
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	TAIN, TH	IE INSURANCE AFFORDED BY 1 5. LIMITS SHOWN MAY HAVE BE	THE POLICIES	DESCRI	BED HEREIN I	SUBJECT TO ALL THE TERMS	5			
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A X COMMERCIAL GENERAL LIABILITY		CPP08351371	01/0	1/2019	01/01/2020	EACH OCCURRENCE \$	1,000,000			
				·		PREMISES (Ea occurrence)	500,000			
						MED EXP (Any one person) \$	10,000			
						PERSONAL & ADV INJURY 8	2,000,000			
						GENERAL AGGREGATE \$	2,000,000			
POLICY X JECT LOC X OTHER: No XCT Exclusion					\$					
	<u>├</u>  -	EBA0200835	01/0	1/2019	01/01/2020	COMBINED SINGLE LIMIT \$	1,000,000			
X ANY AUTO						BODILY INJURY (Per person) \$				
ALL OWNED SCHEDULED						BODILY INJURY (Per accident) \$				
X HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE \$				
	┟╾╸┠╴			/		\$				
		CPP08351371	01/0	1/2019	01/01/2020	EACH OCCURRENCE \$	5,000,000			
EXCESS LIAB CLAIMS-MADE	{					AGGREGATE \$	5,000,000			
DED X RETENTION \$ 0	+	ENC0471481-01	01/0	1/2019	01/01/2020	X PER OTH-				
		3A States: MH MA RI VT 1	a i			E.L. EACH ACCIDENT \$	1,000,000			
(Mandatory in NH)	N/A	Excluded Officer:				E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
If yes, describe under DESCRIPTION OF OPERATIONS below		Norman Skillings				E.L. DISEASE - POLICY LIMIT \$	1,000,000			
A Leased/Rented Equipment		CPP08351371	01/0	1/2019	01/01/2020	\$100,000 Limit				
		D 404 Additional Remarks Babadate -	au ha stincted V		a je moulovati					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Project #42227C, Pelham/Salem.	Stat	e of NH, DOT, its off	icials, em	ploya	es and vol	lunteers are additional				
insureds as respects general li	abili	ty, auto liability an	d umbrella	a when	required	by written contract				
with named insured.										
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CERTIFICATE HOLDER			CANCELLA	ATION						
State of New Hampshire Dept. of Transportation		1	THE EXPIR	RATION D	ATE THEREOF	SCRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN PROVISIONS.	D BEFORE			
PO Box 483 Concord, NH 03302-0483			AUTHORIZED R	REPRESEN	TATIVE					
Concord, MH 03302*0463			Susan Gil	Lman/S	IG	Susan Bi	man)			

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