



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



75 Beards

CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Highway Maintenance
(Well Section)
February 19, 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 \$20,640.00 for a 6-inch drilled well and pump on the property of James Strickland, Box 156 Route 123, Marlow, NH from the date of Governor and Council approval through July 25, 2014, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

FY 2014

Salted Wells Account	
04-96-96-960515-3066	
400-500870 Highway Contract Payments	\$20,640.00

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 29, 2014. Skillings & Sons, Inc., was the low bidder at \$20,640.00 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,

Handwritten signature in black ink, appearing to read "C.D. CL" with a stylized flourish.

Christopher D. Clement, Sr.
Commissioner

CDC/md
Attachment:

Department Estimate: \$25,140.00
Contract Amount: \$20,640.00
Under Estimate: \$ 4,500.00

**State of New Hampshire
Department of Transportation**

16495D.01

Project: James Strickland Salted Well NON
FEDERAL 16495D

County and Code: CHESHIRE COUNTY 005

Date Bids Open: January 29, 2014

Scope of Work: DRILLED WELL AND PUMP FOR JAMES STRICKLAND

Location: JAMES STRICKLAND
BOX 156 ROUTE 123
MARLOW NH 03588

Completion Date: July 25, 2014

A SKILLINGS & SONS INC 9 COLUMBIA DRIVE AMHERST NH 03031	\$20,640.00
B LARRY G CUSHING & SONS INC PO BOX 668 WALPOLE NH 03608	\$21,750.00
C WRAGG BROTHERS OF VERMONT INC PO BOX 110 ASCUTNEY VT 05030	\$23,090.00
D GREEN MOUNTAIN WELL CO INC PO BOX 13 PUTNEY VT 05346	\$28,803.50

Item No:	Description	Unit	Quantity	A		B		C	
				Unit Price	Total	Unit Price	Total	Unit Price	Total
662.1626	6 INCH DRILLED WELL	LF	800.00	\$10.00	\$8,000.00	\$11.00	\$8,800.00	\$10.00	\$8,000.00
662.166	PILOT HOLE FOR 6 IN. WELL	LF	160.00	\$20.00	\$3,200.00	\$14.00	\$2,240.00	\$24.00	\$3,840.00
662.244	4 IN. WELL CASING	LF	500.00	\$6.00	\$3,000.00	\$8.00	\$4,000.00	\$9.50	\$4,750.00
662.41	TRENCH AND PIPE	LF	50.00	\$13.50	\$675.00	\$5.00	\$250.00	\$9.00	\$450.00
662.42	1 IN PE FLEX TUBE	LF	400.00	\$0.50	\$200.00	\$0.65	\$260.00	\$0.50	\$200.00
662.52075	SUBMERSIBLE PUMP	EA	1.00	\$2,365.00	\$2,365.00	\$3,000.00	\$3,000.00	\$2,650.00	\$2,650.00
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	FOUR HOUR PUMP TEST	\$	200.00	\$1.00	\$200.00	\$1.00	\$200.00	\$1.00	\$200.00
					\$20,640.00		\$21,750.00		\$23,090.00
662.1626	6 INCH DRILLED WELL	LF	800.00	\$10.50	\$8,400.00				
662.166	PILOT HOLE FOR 6 IN. WELL	LF	160.00	\$37.60	\$6,016.00				
662.244	4 IN. WELL CASING	LF	500.00	\$14.40	\$7,200.00				
662.41	TRENCH AND PIPE	LF	50.00	\$23.75	\$1,187.50				
662.42	1 IN PE FLEX TUBE	LF	400.00	\$1.25	\$500.00				
662.52075	SUBMERSIBLE PUMP	EA	1.00	\$2,300.00	\$2,300.00				
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.00	\$1.00	\$3,000.00				
1008.18	FOUR HOUR PUMP TEST	\$	200.00	\$1.00	\$200.00				
					\$28,803.50				

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 INCH DRILLED WELL	LF	800.00	\$10.00	\$8,000.00	\$12.00	\$9,600.00	(\$1,600.00)
662.166	PILOT HOLE FOR 6 IN. WELL	LF	160.00	\$20.00	\$3,200.00	\$24.00	\$3,840.00	(\$640.00)
662.244	4 IN. WELL CASING	LF	500.00	\$6.00	\$3,000.00	\$10.00	\$5,000.00	(\$2,000.00)
662.41	TRENCH AND PIPE	LF	50.00	\$13.50	\$675.00	\$10.00	\$500.00	\$175.00
662.42	1 IN PE FLEX TUBE	LF	400.00	\$0.50	\$200.00	\$0.50	\$200.00	\$0.00
662.52075	SUBMERSIBLE PUMP	EA	1.00	\$2,365.00	\$2,365.00	\$2,800.00	\$2,800.00	(\$435.00)
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	FOUR HOUR PUMP TEST	\$	200.00	\$1.00	\$200.00	\$1.00	\$200.00	\$0.00
					\$20,640.00		\$25,140.00	(\$4,500.00)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/19/2014

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 FAX (A/C No.): (603) 224-8012 E-MAIL ADDRESS: sgilman@rowleyagency.com	
INSURED Skillings & Sons, Inc. 9 Columbia Drive Amherst NH 03031	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Cincinnati Insurance Company	
	INSURER B: Westchester Surplus Lines/Swett	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 14/15 Certificate 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 INSR	SUBR 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"/> PROJECT <input type="checkbox"/> LOC			ENP0200835	01/01/2014	01/01/2015	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 checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA0200835	01/01/2014	01/01/2015	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"/> RETENTIONS \$ 0			ENP0200835	01/01/2014	01/01/2015	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 Y	N/A	WC191496504 3A States: NH MA RI Excluded Officers: Norman Skillings	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER 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			G27108453001	01/21/2014	01/21/2015	\$1,000,000 Each Pollution Condition; \$2,000,000 Agg.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project: 16495-D, account 3066, James Strickland, Marlow, NH. State of NH, DOT is an additional insured under the general liability when required by written contract with named insured.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Dept of Transportation PO Box 483 Concord, NH 03302-0483	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
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