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THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Bureau of Highway Maintenance
(Well Section)
September 4, 2012

His Excellency, Governor John H. Lynch
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 \$22,345.00 for a 6-inch drilled well and pump on the property of Richard Healey, Center Barnstead Road, Barnstead, NH from the date of Governor and Council approval through November 14, 2012, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funding is available in the account, Highway Maintenance as follows:

FY 2013

Salted Wells Account	
04-96-96-960515-3066	
400-500870 Highway Contract Payments	\$22,345.00

EXPLANATION

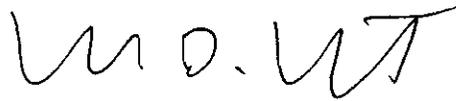
Results of investigations and water analysis has been evaluated, and it has been determined that the existing water supply has been contaminated by highway chlorides. The Department is therefore obligated to obtain a new water supply for the owner. This proposal is in conformity with RSA 228:34.

This contract was advertised and five bids were received and publicly opened on August 16, 2012. Skillings & Sons, Inc. was the low bidder at \$22,345.00 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:	\$25,400.00
Contract Amount:	<u>\$22,345.00</u>
Under Estimate:	\$ 3,055.00

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

BIDS OPENED ON THE 16th DAY OF AUGUST, 2012 FOR DRILLED WELL AND PUMP FOR RICHARD HEALEY, CENTER BARNSTEAD ROAD, BARNSTEAD, NH
PROJECT NO. 16495-A

COMPLETION DATE; NOVEMBER 14, 2012

ITEM NO.	ITEM	A.			B.			C.		
		QUANTITIES	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL		
662.1626	6" DRILLED WELL	800 LF	\$11.00	\$8,800.00	\$9.00	\$7,200.00	\$10.00	\$8,000.00		
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6' CASING)	200 LF	\$20.00	\$4,000.00	\$23.00	\$4,600.00	\$22.00	\$4,400.00		
662.244	4-INCH WELL CASING PIPE INC. JASWELL SEALS AND GROUT	500 LF	\$6.00	\$3,000.00	\$10.00	\$5,000.00	\$10.00	\$5,000.00		
662.41	TRENCH AND PIPE	100 LF	\$4.95	\$495.00	\$6.00	\$600.00	\$4.00	\$400.00		
662.42	1" PE FLEXIBLE TUBING	400 LF	\$0.50	\$200.00	\$0.50	\$200.00	\$0.35	\$140.00		
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	1 EA	\$2,650.00	\$2,650.00	\$2,649.00	\$2,649.00	\$2,600.00	\$2,600.00		
662.624	FOUR HOUR PUMP TEST	1 EA	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00		
1008.11	ALTERATIONS AND ADDITIONS	1 EA	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00		
GRAND TOTAL				\$22,345.00		\$23,449.00		\$23,740.00		

- A. SKILLINGS AND SONS, INC., 9 COLUMBIA AVENUE, AMHERST, NH 03031
- B. WRAGG BROTHERS OF VT, INC., PO BOX 110, ASCUTNEY, VT 05030
- C. GAP MOUNTAIN DRILLING, LLC, PO BOX 59, RINDGE, NH 03461
- D. KRIESTER ARTESIAN WELL CO., INC., PO BOX 392, HENNIKER, NH 03242
- E. LARRY G. CUSHING & SONS, INC., PO BOX 668, WALPOLE, NH 03608

\$28,500.00
\$28,800.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/5/2012

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 INSURER A: Cincinnati Ins INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	ADD'L ISDR 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"/> Contractual per GA101 (12/040) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP1068237	10/01/2011	10/01/2012	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 ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		CPA1068237	10/01/2011	10/01/2012	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"/> RETENTION \$ 0		CPP1068237	10/01/2011	10/01/2012	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	WC191496501 3A States: NH MA RI Excluded Officers: Norman Skillings	10/01/2011	10/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project #16495-A; Barnstead, 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 NH, DOT PO Box 483 Concord, NH 03301	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 <i>Susan Gilman</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/28/2012

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	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Ins
INSURED Skillings & Sons, Inc. 9 Columbia Drive Amherst NH 03031	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
	INSURER G:

COVERAGES **CERTIFICATE NUMBER:** 12/13 All Lines Cert **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.

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	AUTHORIZED REPRESENTATIVE Susan Gilman/SJG 

