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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)
November 29, 2012

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 Kriester Artesian Well Co., Inc. of Henniker, NH, (Vendor #151947) in the amount of \$22,110.00 for a 6-inch drilled well and pump on the property of Donna Quigley, 187 Sherburne Road, Pelham, NH from the date of Governor and Council approval through January 18, 2013, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funding is available as follows:

FY 2013

Salted Wells Account	
04-96-96-960515-3066	
400-500870 Highway Contract Payments	\$22,110.00

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 November 8, 2012. Kriester Artesian Well Co., Inc. was the low bidder at \$22,110.00 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 of Christopher D. Clement, Sr. in black ink, appearing as 'C D C' with a stylized flourish.

Christopher D. Clement, Sr.
Commissioner

CDC/md
Attachment:

Department Estimate:	\$25,150.00
Contract Amount:	<u>\$22,110.00</u>
Under Estimate:	\$ 3,040.00

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

BIDS OPENED ON THE 8th DAY OF NOVEMBER, 2012 FOR DRILLED WELL AND PUMP FOR DONNA QUIGLEY, 187 SHERBURNE ROAD, PELHAM, NH
PROJECT NO. 16495-A

COMPLETION DATE; JANUARY 18, 2013

ITEM NO.	ITEM	QUANTITIES	A.		B.		C.	
			UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
662.1626	6" DRILLED WELL	800 LF	\$9.00	\$7,200.00	\$11.00	\$8,800.00	\$11.00	\$8,800.00
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6' CASING)	200 LF	\$20.00	\$4,000.00	\$22.00	\$4,400.00	\$26.00	\$5,200.00
662.244	4-INCH WELL CASING PIPE INC. JASWELL, SEALS AND GROUT	500 LF	\$10.00	\$5,000.00	\$8.40	\$4,200.00	\$12.00	\$6,000.00
662.41	TRENCH AND PIPE	75 LF	\$2.00	\$150.00	\$4.00	\$300.00	\$14.00	\$1,050.00
662.42	1" PE FLEXIBLE TUBING	400 LF	\$.40	\$160.00	\$.40	\$160.00	\$1.80	\$720.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	1 EA	\$2,400.00	\$2,400.00	\$2,549.00	\$2,549.00	\$2,850.00	\$2,850.00
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				\$22,110.00	\$23,609.00	\$27,820.00		

- A. KRIESTER ARTESIAN WELL CO., INC., PO BOX 392, HENNIKER, NH 03242
 B. WRAGG BROTHERS OF VERMONT, INC., PO BOX 110, ASCUTNEY, VT 05030
 C. GREEN MOUNTAIN WELL CO., PO BOX 13, PUTNEY, VT 05346
 D. LARRY G. CUSHING & SONS, INC., PO BOX 668, WALPOLE, NH 03608
 E. SKILLINGS AND SONS, INC., 9 COLUMBIA DRIVE, AMHERST, NH 03031

\$28,515.00
\$30,021.25





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/26/2012

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 Amadio Insurance Agency P O Box 1189 133 W. Main Street Hillsboro NH 03244	CONTACT NAME: Mike Kriester PHONE (A/C No. Ext): 603-344-5510 FAX (A/C. No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Concoprd Group INSURER B: Acadia INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Kriester Artesian Well PO Box 392 Henniker NH 03242	

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 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 GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			E886347	06/20/2012	06/20/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$												
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			C886133	06/20/2012	06/20/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$												
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below.		N/A	WC-28-28-002820-00	11/17/2012	11/17/2013	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">WC STATUTORY LIMITS</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 90%;"></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER		E.L. EACH ACCIDENT		\$ 100,000	E.L. DISEASE - EA EMPLOYEE		\$ 100,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000
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E.L. DISEASE - POLICY LIMIT		\$ 500,000																	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Property located at Donna Quigley, 187 Sherburne Road, Pelham, NH
 State of NH as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Department of Transportation Hazen Drive Concord, NH 03301 Fax 271-1558	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
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