



*Victoria F. Sheehan*  
*Commissioner*

**THE STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF TRANSPORTATION**



*William Cass, P.E.*  
*Assistant Commissioner*

Bureau of Highway Maintenance  
(Well Section)  
February 23, 2017

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 Capital Well Company, Inc. of Dunbarton, NH (Vendor 156110) in the amount of \$20,483.00 for a 6-inch drilled well and pump on the property of Thomas Schmit, 14 Derry Road, Chester, NH, from the date of Governor and Council approval through June 30, 2017, unless extended by the Department in accordance with the Standard Specifications. 100% Highway funds.

Funding is available as follows:

**FY 2017**

Salted Wells Account

04-96-96-960515-3066

400-500870 Highway Contract Payments

\$20,483.00

**EXPLANATION**

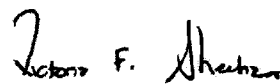
Results of investigations and water analysis has been evaluated, and it has been determined that the existing water supply has been contaminated by highway chlorides. The Department is therefore obligated to obtain a new water supply for the owner. This proposal is in conformity with RSA 228:34.

This contract was advertised and four bids were received and publicly opened on February 2, 2017. Capital Well Company, Inc. was the low bidder at \$20,483.00 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,

A handwritten signature in dark ink, appearing to read "Victoria F. Sheehan". The signature is fluid and cursive, with the first name "Victoria" being more prominent.

Victoria F. Sheehan  
Commissioner

VFS/md

Attachment:

Department Estimate: \$22,750.00

Contract Amount: \$20,483.00

Under Estimate: \$ 2,267.00

## ABC Bid Data

CHESTER  
 41064D  
 NON-FEDERAL

**PROJECT:** CHESTER  
**STATE PROJECT NUMBER:** 41064D  
**FED. PROJECT NUMBER:** NON-FEDERAL  
**DATE BIDS OPEN:** February 02, 2017,  
**SCOPE OF WORK:** Replace Schmit salted well  
**COMPLETION DATE:** June 30, 2017  
**LOCATION:**

**Awarded To:** CAPITAL WELL COMPANY  
 INC  
 150 CONCORD STAGE ROAD  
 DUNBARTON, NH 03046

**Amount:** \$20,483.00

**Certified by:** PETER E. STAMINAS  
 Director of Project Development

**Award Date:**

### Summary of Bidders

| Contractor                                                             | Bid Amount  | Rank |
|------------------------------------------------------------------------|-------------|------|
| CAPITAL WELL COMPANY INC<br>150 CONCORD STAGE ROAD, DUNBARTON NH 03046 | \$20,483.00 | A    |
| SKILLINGS & SONS INC<br>9 COLUMBIA DRIVE, AMHERST NH 03031             | \$22,800.00 | B    |
| WRAGG BROS OF VERMONT INC<br>ROUTE 5, PO BOX 110, ASCUTNEY VT 05030    | \$23,050.00 | C    |
| CUSHING & SONS INC<br>PO BOX 668, WALPOLE NH 03608                     | \$28,470.00 | D    |

| Item No. | Description | Unit | Quantity | PS&E       |       | CAPITAL WELL COMPANY INC<br>150 CONCORD STAGE ROAD<br>DUNBARTON, NH 03046 |       | SKILLINGS & SONS INC<br>9 COLUMBIA DRIVE<br>AMHERST, NH 03031 |       |
|----------|-------------|------|----------|------------|-------|---------------------------------------------------------------------------|-------|---------------------------------------------------------------|-------|
|          |             |      |          | Unit Price | Total | Unit Price                                                                | Total | Unit Price                                                    | Total |

**Items**

|           |                                                          |    |           |            |            |            |            |            |            |
|-----------|----------------------------------------------------------|----|-----------|------------|------------|------------|------------|------------|------------|
| 662.1626  | 6" DRILLED WELL                                          | LF | 800.000   | \$11.00    | \$8,800.00 | \$9.75     | \$7,800.00 | \$11.00    | \$8,800.00 |
| 662.166   | PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)              | LF | 200.000   | \$21.00    | \$4,200.00 | \$18.98    | \$3,796.00 | \$20.00    | \$4,000.00 |
| 662.244   | 4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)         | LF | 600.000   | \$5.00     | \$3,000.00 | \$3.90     | \$2,340.00 | \$5.00     | \$3,000.00 |
| 662.41    | TRENCH AND PIPE                                          | LF | 100.000   | \$11.00    | \$1,100.00 | \$7.84     | \$784.00   | \$10.00    | \$1,000.00 |
| 662.421   | 1" PE FLEXIBLE TUBING                                    | LF | 400.000   | \$0.50     | \$200.00   | \$0.23     | \$92.00    | \$0.50     | \$200.00   |
| 662.52075 | SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES                | EA | 1.000     | \$2,250.00 | \$2,250.00 | \$2,471.00 | \$2,471.00 | \$2,600.00 | \$2,600.00 |
| 1008.11   | ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK | \$ | 3,000.000 | \$1.00     | \$3,000.00 | \$1.00     | \$3,000.00 | \$1.00     | \$3,000.00 |
| 1008.18   | ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST       | \$ | 200.000   | \$1.00     | \$200.00   | \$1.00     | \$200.00   | \$1.00     | \$200.00   |

Totals:

|             |             |             |
|-------------|-------------|-------------|
| \$22,750.00 | \$20,483.00 | \$22,800.00 |
|-------------|-------------|-------------|

| Item No. | Description | Unit | Quantity | PS&E       |       | WRAGO BROS OF VERMONT INC<br>ROUTE 5<br>ASCUTNEY, VT 05030 |       | CUSHING & SONS INC<br>PO BOX 688<br>WALPOLE, NH 03608 |       |
|----------|-------------|------|----------|------------|-------|------------------------------------------------------------|-------|-------------------------------------------------------|-------|
|          |             |      |          | Unit Price | Total | Unit Price                                                 | Total | Unit Price                                            | Total |

**Items**

|           |                                                          |    |           |            |            |            |            |            |             |
|-----------|----------------------------------------------------------|----|-----------|------------|------------|------------|------------|------------|-------------|
| 662.1626  | 6" DRILLED WELL                                          | LF | 800.000   | \$11.00    | \$8,800.00 | \$10.25    | \$8,200.00 | \$12.50    | \$10,000.00 |
| 662.166   | PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)              | LF | 200.000   | \$21.00    | \$4,200.00 | \$22.50    | \$4,500.00 | \$28.00    | \$5,600.00  |
| 662.244   | 4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)         | LF | 600.000   | \$5.00     | \$3,000.00 | \$5.00     | \$3,000.00 | \$6.85     | \$4,110.00  |
| 662.41    | TRENCH AND PIPE                                          | LF | 100.000   | \$11.00    | \$1,100.00 | \$10.00    | \$1,000.00 | \$19.10    | \$1,910.00  |
| 662.421   | 1" PE FLEXIBLE TUBING                                    | LF | 400.000   | \$0.50     | \$200.00   | \$0.50     | \$200.00   | \$1.00     | \$400.00    |
| 662.52075 | SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES                | EA | 1.000     | \$2,250.00 | \$2,250.00 | \$2,950.00 | \$2,950.00 | \$3,250.00 | \$3,250.00  |
| 1008.11   | ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK | \$ | 3,000.000 | \$1.00     | \$3,000.00 | \$1.00     | \$3,000.00 | \$1.00     | \$3,000.00  |
| 1008.18   | ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST       | \$ | 200.000   | \$1.00     | \$200.00   | \$1.00     | \$200.00   | \$1.00     | \$200.00    |

|         |             |             |             |
|---------|-------------|-------------|-------------|
| Totals: | \$22,750.00 | \$23,050.00 | \$28,470.00 |
|---------|-------------|-------------|-------------|

## PS&E Comparison

CHESTER  
 41064D  
 NON-FEDERAL

|           |                                                          |      |           | A-Bidder   |             | PS&E       |             |                   |
|-----------|----------------------------------------------------------|------|-----------|------------|-------------|------------|-------------|-------------------|
| Item No.  | Description                                              | Unit | Quantity  | Unit Price | Total       | Unit Price | Total       | A-PS&E Difference |
| Items     |                                                          |      |           |            |             |            |             |                   |
| 662.1626  | 6" DRILLED WELL                                          | LF   | 800.000   | \$9.75     | \$7,800.00  | \$11.00    | \$8,800.00  | (\$1,000.00)      |
| 662.166   | PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)              | LF   | 200.000   | \$18.98    | \$3,796.00  | \$21.00    | \$4,200.00  | (\$404.00)        |
| 662.244   | 4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)         | LF   | 600.000   | \$3.90     | \$2,340.00  | \$5.00     | \$3,000.00  | (\$660.00)        |
| 662.41    | TRENCH AND PIPE                                          | LF   | 100.000   | \$7.84     | \$784.00    | \$11.00    | \$1,100.00  | (\$316.00)        |
| 662.421   | 1" PE FLEXIBLE TUBING                                    | LF   | 400.000   | \$0.23     | \$92.00     | \$0.50     | \$200.00    | (\$108.00)        |
| 662.52075 | SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES                | EA   | 1.000     | \$2,471.00 | \$2,471.00  | \$2,250.00 | \$2,250.00  | \$221.00          |
| 1008.11   | ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK | \$   | 3,000.000 | \$1.00     | \$3,000.00  | \$1.00     | \$3,000.00  | \$0.00            |
| 1008.18   | ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST       | \$   | 200.000   | \$1.00     | \$200.00    | \$1.00     | \$200.00    | \$0.00            |
| Total:    |                                                          |      |           |            | \$20,483.00 |            | \$22,750.00 | (\$2,267.00)      |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/14/2017

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).

| <b>PRODUCER</b><br>THE ROWLEY AGENCY INC.<br>45 Constitution Avenue<br>P.O. Box 511<br>Concord NH 03302-0511 | <b>CONTACT NAME:</b> Susan Gilman<br><b>PHONE (A/C, No, Ext):</b> (603) 224-2562<br><b>E-MAIL ADDRESS:</b> sgilman@rowleyagency.com<br><b>FAX (A/C, No):</b> (603) 224-8012                                                                                                                                                                                                                       |                               |        |                               |       |                           |        |            |  |            |  |            |  |            |  |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|-------------------------------|-------|---------------------------|--------|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Capital Well Company, Inc.<br>150 Concord Stage Road<br>Dunbarton NH 03046                 | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A Continental Western</td><td>10804</td></tr><tr><td>INSURER B Acadia Ins. Co.</td><td>313251</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A Continental Western | 10804 | INSURER B Acadia Ins. Co. | 313251 | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE                                                                                | NAIC #                                                                                                                                                                                                                                                                                                                                                                                            |                               |        |                               |       |                           |        |            |  |            |  |            |  |            |  |
| INSURER A Continental Western                                                                                | 10804                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                               |       |                           |        |            |  |            |  |            |  |            |  |
| INSURER B Acadia Ins. Co.                                                                                    | 313251                                                                                                                                                                                                                                                                                                                                                                                            |                               |        |                               |       |                           |        |            |  |            |  |            |  |            |  |
| INSURER C:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                               |       |                           |        |            |  |            |  |            |  |            |  |
| INSURER D:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                               |       |                           |        |            |  |            |  |            |  |            |  |
| INSURER E:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                               |       |                           |        |            |  |            |  |            |  |            |  |
| INSURER F:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                               |       |                           |        |            |  |            |  |            |  |            |  |

**COVERAGES**

CERTIFICATE NUMBER: 16/17 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.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                            | ADDL INSD                                                                         | SUBR WVD | POLICY NUMBER                  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------|--------------------------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER |                                                                                   |          | CPA5251344-10                  | 04/15/2016              | 04/15/2017              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br>ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS                            |                                                                                   |          | CAA5251345-10                  | 04/15/2016              | 04/16/2017              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Medical payments \$                                                         |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br>EXCESS LIAB<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0                                                                                                                                                                                   | <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE |          | CUA5251346-10                  | 04/15/2016              | 04/15/2017              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000                                                                                                                                                                                   |
| B        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                   | Y/N<br><input checked="" type="checkbox"/> N                                      | N/A      | WCA5151527-10<br>3A States: NH | 04/15/2016              | 04/15/2017              | <input checked="" type="checkbox"/> PER STATUTE<br>OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                                      |
| A        | Leased/Rented Equipment                                                                                                                                                                                                                                                                                      |                                                                                   |          | CPA5251344-10                  | 04/15/2016              | 04/15/2017              | \$50,000 Limit of Liability                                                                                                                                                                                                              |

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

Project #41064D: Thomas Schmit, 14 Derry Road (NH 102), Chester, NH. State of NH, its officials, employees and volunteers are additional insured on general liability, auto liability and umbrella when required by written contract with named insured.

**CERTIFICATE HOLDER**

State of New Hampshire  
Dept of Transportation  
PO Box 483  
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

Susan Gilman/SJG

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