



The State of New Hampshire
Department of Environmental Services

Robert R. Scott, Commissioner

5E - 5/20/26



April 24, 2026

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Environmental Services (NHDES) to amend an American Rescue Plan Act grant (PO#1103046) to Blaylock Holdings, LLC (Blaylock) of Natick, MA (VC# 491213-R001) by extending the grant end date to August 31, 2026, from June 1, 2026, to finance the remediation of the former Mohawk Tannery site in Nashua, NH effective upon Governor & Council approval. The original grant was approved by Governor and Council on October 16, 2024, Item# 84. This is a no cost time extension. 100% Federal Funds.

EXPLANATION

The American Rescue Plan Act (ARPA) of 2021, is a \$1.9 trillion economic stimulus bill passed by the 117th United States Congress and signed into law by President Biden on March 11, 2021, to speed up the United States' recovery from the economic and health effects of the COVID-19 pandemic and the resultant recession. The Act defines eligible uses of the state and local funding, including responding to public health emergency, responding to workers performing essential work during the COVID-19 emergency, providing revenue relief to states and making investments in water, sewer, and broadband infrastructure.

This grant amendment is needed as Blaylock has requested extra time to ensure completion of the work funded by ARPA. Work on Remedial Action pre-construction permits and submittals began in October 2024. Construction at the site started in December 2025 and includes excavation and consolidation of contaminated soil, tannery waste, and asbestos containing material (ACM), disposal of waste material in newly constructed containment cells, and general site restoration. During initial tree clearing and site preparation, additional separate areas of ACM were identified, beyond the previously documented ACM area limits. Additionally, unanticipated buried asbestos-containing pipes were encountered in subsurface utilities, requiring abatement prior to removal. The two unanticipated asbestos-related task additions have required revisions to various Remedial Action Plan documents and have extended the project timeline.

To date, \$1,129,740 of the \$3,438,150 grant has been disbursed. This grant amendment has been approved by the Attorney General's Office as to form, substance, and execution.

We respectfully request your approval.


Robert R. Scott
Commissioner

Amendment No. 1
Grant Agreement with Blaylock Holdings, LLC.
American Rescue Plan Act (ARPA) Grant

This Agreement (hereinafter called the Amendment) by and between the State of New Hampshire, acting by and through its Department of Environmental Services (hereinafter referred to as the State) and Blaylock Holdings, LLC acting by and through its Manager, Lloyd Geisinger (hereinafter referred to as the Grantee).

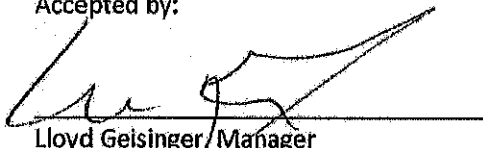
WHEREAS, pursuant to an Agreement (hereinafter called the Agreement) approved by the Governor and Council on October 16, 2024, the Grantee agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, The Grantee and the State have agreed to amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. Amendment and Modification of Agreement: The Completion Date as set forth in sub-paragraph 1.7 of the Agreement shall be changed to August 31, 2026, from June 1, 2026.
2. Effective Date of Amendment: This Amendment shall take effect upon the date of approval of this Amendment by the Governor and Executive Council of the State of New Hampshire.
3. Continuance of Agreement: Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement, and the obligations of the parties thereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

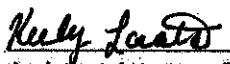
Accepted by:


Lloyd Geisinger, Manager
Blaylock Holdings, LLC

4/10/26
Date


Robert R. Scott, Commissioner
Department of Environmental Services

4/27/26
Date


Assistant Attorney General Keely Louato
Department of Justice
Approved as to form, substance and execution.

4/29/26
Date

State of New Hampshire

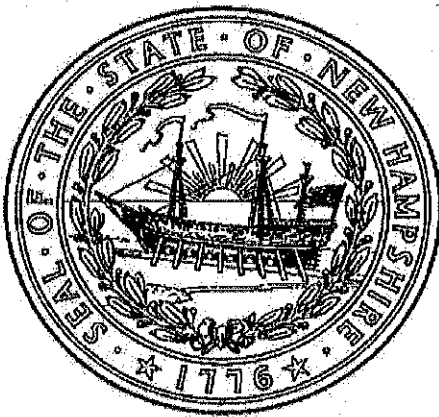
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that BLAYLOCK HOLDINGS LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 26, 2017. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 763886

Certificate Number: 0007906399



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 13th day of April A.D. 2026.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular stamp.

David M. Scanlan
Secretary of State

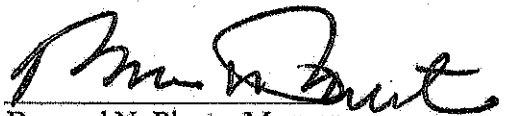
LLC Certification of Authority

I, **Bernard Plante** (name) hereby certify that I am Co-Manager of with **Lloyd Geisinger** of **Blaylock Holdings, LLC**, a limited liability company under RSA 304-C.

I certify that **Lloyd Geisinger** is authorized to bind the LLC. I further certify that it is understood that the **State of New Hampshire** will rely on this certificate as evidence that the persons listed above currently occupies the position indicated and that they have full authority to bind the LLC.

DATED: 04/13/2026

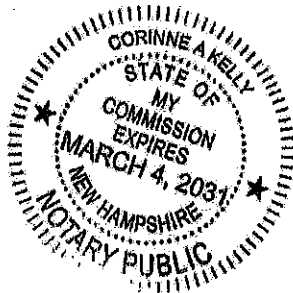
Attest:


Bernard N. Plante, Manager

Acknowledgment Certificate

State of New Hampshire, County of Hillsborough

On this the 13th day of April 2026, before me the undersigned notary public, the undersigned officer, personally appeared **Bernard N. Plante**, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.




Notary Public Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/2026

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 have ADDITIONAL INSURED provisions or 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 Hilb Group New England, LLC 30 Braintree Hill Office Park Suite 203 Braintree MA 02184		CONTACT NAME: Benjamin Sawyer PHONE (A/C, No, Ext): (781) 968-3705 FAX (A/C, No): (888) 505-9300 E-MAIL ADDRESS: bsawyer@hilbgroup.com	
INSURED Blaylock Holdings LLC 8 Pleasant Street Suite A-2 Natick 01760		INSURER(S) AFFORDING COVERAGE INSURER A: Gemini Insurance Company INSURER B: Associated Employers Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10833 11104	

COVERAGES **CERTIFICATE NUMBER:** CL2510698058 **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	☒ COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☐ OCCUR	Y	Y	VIGP031773	10/03/2025	10/03/2026	EACH OCCURRENCE \$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000							
	MED EXP (Any one person) \$ 5,000							
	PERSONAL & ADV INJURY \$ 1,000,000							
GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	Y	Y	VIGP031773	10/03/2025	10/03/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	BODILY INJURY (Per person) \$							
	BODILY INJURY (Per accident) \$							
	PROPERTY DAMAGE (Per accident) \$							
A	UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE	Y	Y	VIFX004384	10/03/2025	10/03/2026	EACH OCCURRENCE \$ 5,000,000	
	AGGREGATE \$ 5,000,000							
	DED \$						RETENTION \$	
B	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 N	N/A	Y	WCC-500-8247617-2025A	10/01/2025	10/01/2026	☒ PER STATUTE ☐ 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as additional insured on a primary, non-contributory basis as it pertains to General Liability, Automobile and Umbrella as required by written contract. Umbrella is follow form. Waiver of subrogation applies to all policies.

CERTIFICATE HOLDER**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

Ben Sawyer

AGENCY CUSTOMER ID: 01698776

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY The Hill Group New England, LLC		NAMED INSURED Blaylock Holdings LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

If required by written contract or agreement, Certificate Holder and The State of New Hampshire are named as additional insured.