



Engineering Division

TOWN OF ARLINGTON
Department of Public Works
51 Grove Street
Arlington, Massachusetts 02476
Office (781) 316-3320 Fax (781) 316-3281

MEMORANDUM

To: Board of Selectmen
From: Engineering Division
Re: Approved Contractor License
Date: January 25, 2018

Dear Honorable Board Members,

Reference is hereby made to an application by Steven Ouellette of New England Drilling & Rock Splitting Corp. to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

New England Drilling & Rock Splitting Corp.
PO Box 262
Concord, MA 01742
Steven Ouellette
Phone: 978-505-4304
Email: nedrilling.judi@aol.com

Upon review of the provided references supplied by the contractor, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

Joseph Szafarowicz
Civil Engineer, Arlington Engineering Division

cc: Wayne Chouinard, Town Engineer



TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Board of Selectmen. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3386.

Scope of Work

Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):

☒ Water ☒ Sanitary Sewer ☒ Stormwater Drainage ☐ Sewer/Drain Inspection ☒ Driveway Work ☒ Curb/Sidewalk Work

Applicant Information

Applicant/Firm Name: New England Drilling & Rock Splitting Corp.
Select One: ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other:
Street Address: PO Box 262 City/Town: Concord State: MA
Primary Phone: 978-505-4304 E-mail: nedrilling.judi@aol.com
Length of Time in Business under the same Firm Name: STARTED THE YEAR OF 1996
Full Name(s) of Principal(s): STEVEN OUELLETTE PRESIDENT
Primary Contact Person: STEVEN OUELLETTE

Experience/Previous Work

Nature of Typical/Standard Work: INSTALLING WATER AND SEWER / SITE EXCAVATION
Have you ever performed this type of work in Arlington: ☐ Yes ☒ No
If Yes, Please provide Location: N/A Approximate Date: N/A
Total Amount of such construction this year: 4 House lots
Total Amount of such construction last year: 2 House lots, 14 unit townhouse & commercial building
Total Amount of such construction next previous year: 5 House lots

Municipal References - Please Attach Written Reference Letters

Municipality: Town of Brookline
Primary Contact Name: Deborah Baker Email: Dbaker@brookline.gov
Municipality: Town of Andover
Primary Contact Name: Thomas G Carbone Email: health@andoverma.gov
Municipality: Town of Concord
Primary Contact Name: Paul Cote Email: Pcote@concordma.gov

Banking/Financial References - Please Attach Written Reference Letters if Available

Bank Reference: _____ Phone: _____
Federal Tax ID or Social Security #: _____
Note to Town Staff: Redact Social Security # before releasing document
Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

Signature/Endorsement

By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by signature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen and/or Department of Public Works may establish.

Applicant Signature: Steven Ouellette Date: 1-24-18

Reset Form

Print Form



TOWN OF ANDOVER

Town Offices
36 Bartlet Street
Andover, MA 01810
Andover Health Division
(978) 623-8640

January 24, 2018

Town of Arlington, MA

Re: Letter of Reference

To Whom It May Concern:

Vincenzo Carabetta, is currently a licensed Drain Layer held in good standing with the Town of Andover MA, 01810 through his employer, New England Drilling & Rock Splitting, P.O. Box 262, Concord, MA 01742. Mr. Carabetta has satisfactorily performed all work in accordance with the Town By-Laws and State Sanitary Codes.

You may contact the Health Division at health@andoverma.gov with any questions or concerns.

Thomas G. Carbone
Director of Public Health
Town of Andover



TOWN of BROOKLINE
Massachusetts

Department of Public Works
Water & Sewer Division

Andrew M. Pappastergion
Commissioner
Frederick W Russell PE
Director

January 23, 2018

RE: **N E Drilling & Rock Splitting Corp**
PO Box 262
Concord MA 01742

To Whom It May Concern:

According to our records, the above contractor has been bonded to perform water, sewer & drain work in the Town of Brookline since April of 2014.

The company performed all work in an acceptable manner to the Town and remains in good standing.

Please feel free to contact me directly if you have any questions or concerns in this matter.

Sincerely,

Deborah Baker
Business Manager



CONCORD PUBLIC WORKS

Water/Sewer Division

135 Keyes Road
Concord, Massachusetts, 01742

TEL: 978-318- 3250 FAX: 978-318- 3204

January 24, 2018

Re: New England Drilling, P.O. Box 262, Concord, MA
Contact: Steven Ouelette (978-369-8007)

To Whom It May Concern:

Be advised that the above referenced firm was licensed as a drain layer in Concord between June 2015 and July 2018. To qualify for a drain layer license within the Town of Concord, applicants are required to provide the following:

- 1) \$100 application fee.
- 2) Reference from at least one other town in which the firm has done water or sewer work or a current licensure as a drain layer in another Massachusetts city or town.
- 3) Certificates of Insurance including:
 - a) Insurance certificate naming the Town as an additional insured party.
 - b) Proof of Workers Compensation Insurance.
 - c) Proof of Automobile and other vehicle insurance.
- 4) Written acknowledgement that applicant has been provided with instruction as to service application process and applicable design and construction standards.

They have installed at least one water and or/sewer service in Concord in accordance with the design standards of the town.

Sincerely,

Paul Cote

Assistant to the Water/Sewer Supt.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/23/2018

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 ROGER KEITH & SONS INSURANCE AGENCY INC. 1575 MAIN STREET BROCKTON MA 02301		CONTACT NAME: JANELLE LITTO PHONE (A/C No. Ext): (508) 583-1106 FAX (A/C No): (508) 583-8478 E-MAIL: JLITTO@ROGERKEITH.COM ADDRESS: J. LITTO@ROGERKEITH.COM	
INSURED NEW ENGLAND DRILLING & ROCK SPLITTING CORP. ATTN: MARIANNE MAURER-OUELLETTE P.O. BOX 262 CONCORD MA 01742-0262		INSURER(S) AFFORDING COVERAGE INSURER A: SCOTTS DALE INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2017-2018 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		CP82615298	4/9/2017	4/9/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	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:					GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COM/OP AGG \$ 3,000,000
	OTHER:					Employee Benefits \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
	DED RETENTION \$					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
POLICY LIMITS IN EFFECT AT POLIC INCEPTION.
BLASTING EXPOSURES ARE EXCLUDED ON THIS POLICY.

CERTIFICATE HOLDER TOWN OF ARLINGTON 15 GROVE STREET ARLINGTON, MA 02476	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 DONOVAN DUNN/ELISE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/23/2018

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 KNAPP SCHENCK AND COMPANY INSURANCE AGENCY INC One India Street BOSTON MA 02109		CONTACT NAME: Lindsey Whitehurst PHONE (A/C, No, Ext): (617) 619-0273 E-MAIL ADDRESS: lwhitehurst@kscins.com FAX (A/C, No):	
INSURED NEW ENGLAND DRILLING & ROCK SPLITTING CORP PO BOX 262 CONCORD MA 017420260		INSURER(S) AFFORDING COVERAGE INSURER A: LM INS CORP INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 33600	

COVERAGES

CERTIFICATE NUMBER: 232407

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N/A			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION S			N/A			EACH OCCURRENCE \$ AGGREGATE \$ \$
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 N/A	N/A	WC531S351918017	05/25/2017	05/25/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
				N/A			

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

Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at www.mass.gov/lwd/workers-compensation/investigations/.

CERTIFICATE HOLDER**CANCELLATION**

The Town of Arlington
15 Grove St

Arlington

MA 02476

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

Daniel M. Crowley
Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA

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OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
KEVIN F. GREELEY, VICE CHAIR
DIANE M. MAHON
DANIEL J. DUNN
CLARISSA ROWE



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

January 25, 2018

Steven Ouellette
New England Drilling & Rock Splitting Corp.
P.O. Box 262
Concord, MA 01742

Dear Mr. Ouellette:

The Board of Selectmen will be discussing your request for a License to do Drainlaying in the Town of Arlington on Monday, February 5th in the Selectmen's Chambers, Town Hall, 2nd Floor. The meeting begins at 7:15 p.m. It is not a requirement that you attend the meeting.

If you have any questions, please do not hesitate to contact this office.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr