

FIFTEEN ROPE FERRY ROAD
WATERFORD, CT 06385-2886



PHONE: 860-442-0553
www.waterfordct.org

AGENDA
BOARD OF SELECTMEN SPECIAL MEETING
Monday, February 24, 2025
3:30 PM
Waterford Town Hall – Appleby Room

1. **Call to Order & Roll Call:**
2. **Pledge of Allegiance:**
3. **Public Comment:**
4. **Planning Department:** To consider and act on upon awarding the Mago Point Improvement Project contract to Suchocki & Son, Inc. from the Purchasing Agent, Shea Davy, on behalf of the Director of planning, Jonathan Mullen, for \$629,816. Funds will be available from the following:
 - Account #20511-57870 (Mago Point Improvements)
 - Account #20502-48731 (Phase 1)
 - Account #20502-48732 (Phase 2)
 - Account #20502-48733 (Phase 3)
5. **Adjournment:**

RECEIVED FOR RECORD
WATERFORD, CT
2025 FEB 21 P 2:29
ATTEST: *[Signature]*
TOWN CLERK

FINANCE DEPARTMENT

Memo

To: The Board of Selectmen
From: Shea Davy
Date: February 18, 2025
Re: Award-Bid#24-016 Mago Point Parking Lot

Dear Mr. Brule:

Proposals for the above mentioned project were opened on February 13, 2025 by Planning Director, Jonathan Mullen and I with the attached results. After careful review of proposals, references and qualifications it is determined that Suchocki & Son Inc., is the lowest qualified bidder for this project.

I therefore respectfully seek the Board's approval to award the contract to Suchocki & Son Inc. for \$629,816.00

Funds will be available in the following line accts:

20511-57870 Mago Point Improvements
20502-48731 Mago Point Project Phase 1
20502-48732 Mago Point Protect Phase 2
20502-48733 Mago Point Project Phase 3



Shea Davy
Purchasing Agent,
Town of Waterford



February 18, 2025

Ms. Shea Davy, Purchasing Agent
Town of Waterford
15 Rope Ferry Rd
Waterford, CT 06385
bdavy@waterfordct.org

Re: Contractor Bid and Reference Review Letter, Mago Point Parking Area Improvements, Waterford, Connecticut

Dear Ms. Davy,

On Thursday, February 13, 2025, the Town of Waterford received the following bids for the Mago Point Parking Area Improvements project:

Bidder	Base Bid
Suchocki and Son, Inc.	\$629,816.00
Hubert E. Butler Construction Co. (HEB)	\$639,165.00
Wiese Construction, Inc.	\$791,233.00
Genovesi Construction LLC	\$814,505.00
B&W Paving & Landscaping LLC	\$830,295.00
Empire Paving, Inc.	\$847,895.00
Martin Laviero Contractor, Inc.	\$980,198.00
Roma Construction, Inc.	\$1,225,850.00
Prime Electric LLC	\$1,281,767.00

As part of our evaluation, we contacted six references provided by Suchocki and Son, Inc. We received feedback from three of these references, all of which were positive. Those projects include:

- Civic Triangle Site Improvements - Waterford, CT
- South Anguilla Rd Bridge Deck Rehabilitation - Stonington, CT
- CTDOT Project, Cabin Brook - Colchester, CT

Here are the key points gathered:

- All respondents confirmed that the quality of the contractor's work was consistently high and met expectations.

Ms. Shea Davy | 2-18-25 | 4010193 | Page 1



- The contractor handled all required paperwork in a professional manner, and documentation was submitted on time.
- Suchocki and Son primarily utilize in-house staff, although they occasionally hire subcontractors for specialized work, which has been well-received by their past clients.

Based on review of bids received, and checking project references, Suchocki and Son, Inc. appears to be qualified to complete this project. Therefore, we recommend the Town of Waterford award this project to Suchocki and Son, Inc. for their low bid amount of **\$629,816.00**.

Please contact our office if you or other Town staff have any questions or comments.

Respectfully submitted,
Haley Ward, Inc.

James Ericson, PE
Regional Manager/ Vice President

Stephen Andrus, PE
Senior Project Manager

Cc: Jonathan Mullen, Planning Director
Gary Schneider, Public Works Director.



Town of Waterford
Purchasing
Shea Davy, Purchasing Agent
15 Rope Ferry Rd, Waterford, CT 06385

EVALUATION TABULATION

IFB No. IFB# 24-016

Mago Point Parking Lot

RESPONSE DEADLINE: February 13, 2025 at 2:00 pm
Report Generated: Thursday, February 13, 2025

SELECTED VENDOR TOTALS

Vendor	Total
Suchocki and Son, Inc.	\$629,816.00
HEB	\$639,165.00
Wiese Construction, Inc.	\$791,233.00
Genovesi Construction LLC	\$814,505.00
B&W Paving & Landscaping LLC	\$830,295.00
Empire Paving, Inc	\$847,895.00
Martin Laviero Contractor, Inc.	\$980,198.00
Roma Construction, Inc.	\$1,225,850.00
Prime Electric LLC	\$1,281,767.00

BASIS OF BID (Table 1 of 2)

EVALUATION TABULATION

IFB No. IFB# 24-016

Mago Point Parking Lot

BASIS OF BID														
B&W Paving & Landscaping LLC					Empire Paving, Inc		Genovesi Construction LLC		HEB		Martin Laviero Contractor, Inc.			
Selected	Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Unit Cost	Total	Unit Cost	Total	Unit Cost	Total	Unit Cost	Total
X	1	Lump Sum Bid Price for Phase 1 Construction-Complete	1	whole	\$325,000.00	\$325,000.00	\$370,000.00	\$370,000.00	\$341,000.00	\$341,000.00	\$274,781.00	\$274,781.00	\$438,312.00	\$438,312.00
X	2	Lump Sum Bid Price Phase 2 Construction-Complete	1	whole	\$180,000.00	\$180,000.00	\$160,000.00	\$160,000.00	\$148,000.00	\$148,000.00	\$154,087.00	\$154,087.00	\$250,621.00	\$250,621.00
X	3	Lump Sum Bid Price Phase 3 Construction-Complete	1	whole	\$350,000.00	\$350,000.00	\$405,000.00	\$405,000.00	\$319,000.00	\$319,000.00	\$216,055.00	\$216,055.00	\$296,000.00	\$296,000.00
X	4	Potential Credit for Constructing All Three Phase Together	1	whole	-\$25,000.00	-\$25,000.00	-\$87,400.00	-\$87,400.00	\$6,000.00	\$6,000.00	-\$6,000.00	-\$6,000.00	-\$5,000.00	-\$5,000.00
Total						\$830,000.00		\$847,600.00		\$814,000.00		\$638,923.00		\$979,933.00

BASIS OF BID (Table 2 of 2)

EVALUATION TABULATION

Invitation For Bid - Mago Point Parking Lot

Page 2

EVALUATION TABULATION

IFB No. IFB# 24-016

Mago Point Parking Lot

BASIS OF BID											
Selected	Line Item	Description	Quantity	Unit of Measure	Prime Electric LLC	Roma Construction, Inc.	Suchocki and Son, Inc.	Wiese Construction, Inc.	Unit Cost	Total	Total
X	1	Lump Sum Bid Price for Phase 1 Construction-Complete	1	whole	\$616,439.00	\$370,000.00	\$285,736.00	\$308,396.00	\$308,396.00	\$370,000.00	\$308,396.00
X	2	Lump Sum Bid Price Phase 2 Construction-Complete	1	whole	\$237,640.00	\$165,000.00	\$121,632.00	\$173,832.00	\$173,832.00	\$165,000.00	\$173,832.00
X	3	Lump Sum Bid Price Phase 3 Construction-Complete	1	whole	\$442,335.00	\$790,000.00	\$233,100.00	\$308,440.00	\$308,440.00	\$790,000.00	\$308,440.00
X	4	Potential Credit for Constructing All Three Phase Together	1	whole	-\$15,000.00	-\$100,000.00	-\$11,000.00	\$0.00	\$0.00	-\$100,000.00	\$0.00
Total					\$1,281,414.00	\$1,225,000.00	\$629,468.00	\$790,668.00			\$790,668.00

UNIT COST ITEMS (Table 1 of 3)

UNIT COST ITEMS											
B&W Paving & Landscaping LLC				Empire Paving, Inc				Genovesi Construction LLC			
Selected	Line Item	Description	Unit of Measure	Quantity	Unit Cost	Total	Quantity	Unit Cost	Total	Quantity	Total
X	5	Rock Excavation	CY	1	\$250.00	\$250.00	1	\$450.00	\$450.00	1	\$200.00

EVALUATION TABULATION

Invitation For Bid - Mago Point Parking Lot

Mago Point Parking Lot

UNIT COST ITEMS			B&W Paving & Landscaping LLC			Empire Paving, Inc			Genovesi Construction LLC			HEB			
Selected	Line Item	Description	Unit of Measure	Quantity	Unit Cost	Total	Quantity	Unit Cost	Total	Quantity	Unit Cost	Total	Quantity	Unit Cost	Total
X	6	Borrow-for suitable soil replacement	CY	1	\$45.00	\$45.00	1	\$45.00	\$45.00	1	\$55.00	\$55.00	1	\$42.00	\$42.00
Total						\$295.00			\$295.00			\$505.00			\$242.00

UNIT COST ITEMS (Table 2 of 3)

UNIT COST ITEMS			Martin Laviero Contractor, Inc.			Prime Electric LLC			Roma Construction, Inc.			Suchocki and Son, Inc.			
Selected	Line Item	Description	Unit of Measure	Quantity	Unit Cost	Total	Quantity	Unit Cost	Total	Quantity	Unit Cost	Total	Quantity	Unit Cost	Total
X	5	Rock Excavation	CY	1	\$210.00	\$210.00	1	\$275.00	\$275.00	1	\$750.00	\$750.00	1	\$300.00	\$300.00
X	6	Borrow-for suitable soil replacement	CY	1	\$55.00	\$55.00	1	\$78.00	\$78.00	1	\$100.00	\$100.00	1	\$48.00	\$48.00
Total						\$265.00			\$353.00			\$850.00			\$348.00

UNIT COST ITEMS (Table 3 of 3)

UNIT COST ITEMS				Wiese Construction, Inc.		
Selected	Line Item	Description	Unit of Measure	Quantity	Unit Cost	Total
X	5	Rock Excavation	CY	1	\$500.00	\$500.00
X	6	Borrow-for suitable soil replacement	CY	1	\$65.00	\$65.00
Total						\$565.00

ARTICLE 8 – DEFINED TERMS

8.01 The terms used in this Bid with initial capital letters have the meanings stated in the Instructions to Bidders, the General Conditions, and the Supplementary Conditions.

ARTICLE 9 – BID SUBMITTAL

BIDDER: *[Indicate correct name of bidding entity]*

Suchocki and Son, Inc.

By:

[Signature]

[Printed name]

Joshua Suchocki

(If Bidder is a corporation, a limited liability company, a partnership, or a joint venture, attach evidence of authority to sign.)

Attest:

[Signature]

[Printed name]

Jennifer Stone

Title:

Administrator

Submittal Date:

02/13/2025

Address for giving notices:

43 Hatchetts Hill Rd

Old Lyme, CT 06371

Telephone Number:

860-889-2283

Fax Number:

860-886-8240

Contact Name and e-mail address:

Joshua Suchocki

Josh@suchockiandson.com

Bidder's License No.:

MCO.0903422

(where applicable)

NOTE TO USER: *Use in those states or other jurisdictions where applicable or required.*

QUALIFICATIONS STATEMENT

THE INFORMATION SUPPLIED IN THIS DOCUMENT IS CONFIDENTIAL TO THE EXTENT
PERMITTED BY LAWS AND REGULATIONS

1. SUBMITTED BY:

Official Name of Firm: Suchocki and Son, Inc.

Address: 43 Hachetts Hill Rd

Old Lyme, CT 06371

2. SUBMITTED TO:

The town of Waterford, CT

3. SUBMITTED FOR:

Haley Ward Engineering

Owner: The town of Waterford, CT

Project Name: Mago Point Parking Lot

TYPE OF WORK: Construction of parking lot with associated sidewalk and paving

4. CONTRACTOR'S CONTACT INFORMATION

Contact Person: Josh Suchocki

Title: Vice President

Phone: 860-889-2283

Email: Josh@suchockiandson.com

5. **AFFILIATED COMPANIES:**

Name: N/A

Address: _____

6. **TYPE OF ORGANIZATION:**

☐ SOLE PROPRIETORSHIP

Name of Owner: _____

Doing Business As: _____

Date of Organization: _____

☐ PARTNERSHIP

Date of Organization: _____

Type of Partnership: _____

Name of General Partner(s): _____

☒ CORPORATION

State of Organization: Connecticut

Date of Organization: May 10, 1994

Executive Officers:

- President: Timothy Suchocki

- Vice President(s): Joshua Suchocki

- Treasurer: Timothy Suchocki

- Secretary: Joshua Suchocki

☐ LIMITED LIABILITY COMPANY

State of Organization:

Date of Organization:

Members:

☐ JOINT VENTURE

Sate of Organization:

Date of Organization:

Form of Organization:

Joint Venture Managing Partner

- Name:

- Address:

Joint Venture Managing Partner

- Name:

- Address:

Joint Venture Managing Partner

- Name:

- Address:

7. LICENSING

Jurisdiction: State of Connecticut

Type of License: Major Contractor

License Number: MCO.0903422

Jurisdiction: State of Rhode Island

Type of License: Residential and Commercial Contractor

License Number: GC-39520

8. CERTIFICATIONS

CERTIFIED BY:

Disadvantage Business Enterprise: _____

Minority Business Enterprise: _____

Woman Owned Enterprise: _____

Small Business Enterprise: State of CT

Other (DAS): State of CT

9. BONDING INFORMATION

Bonding Company: Travelers Casualty and Surety Company of America

Address: 1 Tower Square
Hartford, CT 06103

Bonding Agent: IMA

Address: 1705 17th Street, Suite 100
Denver, CO 80202

Contact Name: Michael Lischer

Phone: (303) 534-4567

Aggregate Bonding Capacity: \$15,000,000.00

Available Bonding Capacity as of date of this submittal: \$12,500,000.00

10. FINANCIAL INFORMATION

Financial Institution: Chelsea Groton Bank

Address: 904 Poquonnock Rd
Groton, CT 06340

Account Manager: Jennifer Willingham

Phone: 860-572-4036

INCLUDE AS AN ATTACHMENT AN AUDITED BALANCE SHEET FOR EACH OF THE
LAST 3 YEARS

11. CONSTRUCTION EXPERIENCE:

Current Experience:

List on **Schedule A** all uncompleted projects currently under contract (If Joint Venture list each participant's projects separately).

Previous Experience:

List on **Schedule B** all projects completed within the last 5 Years (If Joint Venture list each participant's projects separately).

Has firm listed in Section 1 ever failed to complete a construction contract awarded to it?

☐ YES ☒ NO

If YES, attach as an Attachment details including Project Owner's contact information.

Has any Corporate Officer, Partner, Joint Venture participant or Proprietor ever failed to complete a construction contract awarded to them in their name or when acting as a principal of another entity?

☐ YES ☒ NO

If YES, attach as an Attachment details including Project Owner's contact information.

Are there any judgments, claims, disputes or litigation pending or outstanding involving the firm listed in Section 1 or any of its officers (or any of its partners if a partnership or any of the individual entities if a joint venture)?

☐ YES ☒ NO

If YES, attach as an Attachment details including Project Owner's contact information.

12. SAFETY PROGRAM:

Name of Contractor's Safety Officer: Joshua Suchocki

Include the following as attachments:

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) OSHA No. 500- Log & Summary of Occupational Injuries & Illnesses for the past 5 years. ** SEE ATTACHED

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all OSHA Citations & Notifications of Penalty (monetary or other) received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.
**NONE

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all safety citations or violations under any state all received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE. **NONE

Provide the following for the firm listed in Section V (and for each proposed Subcontractor furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) the following (attach additional sheets as necessary):

Workers' compensation Experience Modification Rate (EMR) for the last 5 years:

YEAR	<u>2024</u>	EMR	<u>.85</u>
YEAR	<u>2023</u>	EMR	<u>.85</u>
YEAR	<u>2022</u>	EMR	<u>.83</u>
YEAR	<u>2021</u>	EMR	<u>.84</u>
YEAR	<u>2020</u>	EMR	<u>.86</u>

Total Recordable Frequency Rate (TRFR) for the last 5 years:

YEAR	<u>2024</u>	TRFR	<u>0</u>
YEAR	<u>2023</u>	TRFR	<u>0</u>
YEAR	<u>2022</u>	TRFR	<u>0</u>
YEAR	<u>2021</u>	TRFR	<u>0</u>
YEAR	<u>2020</u>	TRFR	<u>0</u>

Total number of man-hours worked for the last 5 Years:

YEAR	<u>2024</u>	TOTAL NUMBER OF MAN-HOURS	<u>35,736</u>
YEAR	<u>2023</u>	TOTAL NUMBER OF MAN-HOURS	<u>28,251</u>
YEAR	<u>2022</u>	TOTAL NUMBER OF MAN-HOURS	<u>24,092</u>
YEAR	<u>2021</u>	TOTAL NUMBER OF MAN-HOURS	<u>19,317</u>
YEAR	<u>2020</u>	TOTAL NUMBER OF MAN-HOURS	<u>15,883</u>

Provide Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) Days Away From Work, Days of Restricted Work Activity or Job Transfer (DART) incidence rate for the particular industry or type of Work to be performed by Contractor and each of Contractor's proposed Subcontractors and Suppliers) for the last 5 years:

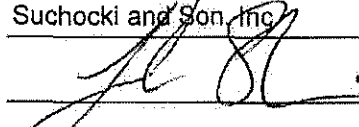
YEAR	<u>2024</u>	DART	<u>0</u>
YEAR	<u>2023</u>	DART	<u>0</u>
YEAR	<u>2022</u>	DART	<u>0</u>
YEAR	<u>2021</u>	DART	<u>0</u>
YEAR	<u>2020</u>	DART	<u>0</u>

13. EQUIPMENT:

MAJOR EQUIPMENT:

List on **Schedule C** all pieces of major equipment available for use on Owner's Project.

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED HERewith, INCLUDING ANY ATTACHMENTS, IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF ORGANIZATION: Suchocki and Son, Inc.
BY: 
TITLE: Joshua Suchocki - Vice President
DATED: February 13th 2025

NOTARY ATTEST:

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 13th DAY OF February, 2025



NOTARY PUBLIC - STATE OF Connecticut

MY COMMISSION EXPIRES: June 30th 2029

REQUIRED ATTACHMENTS

ARLENE SHOEMAKER
Notary Public, State of Connecticut
My Commission Expires 06/30/2029

1. Schedule A (Current Experience).
2. Schedule B (Previous Experience).
3. Schedule C (Major Equipment).
4. Audited balance sheet for each of the last 3 years for firm named in Section 1.
5. Evidence of authority for individuals listed in Section 7 to bind organization to an agreement.
6. Resumes of officers and key individuals (including Safety Officer) of firm named in Section 1.
7. Required safety program submittals listed in Section 13.
8. Additional items as pertinent.

Ross Ricciarelli

8 Miranda Drive West Kingston, RI 02892

(401) 585-7267

rossricc8585@gmail.com

Throughout my 22 years in the construction industry, I have been fortunate enough to work in many environments and on all types of civil projects including residential, commercial and heavy civil construction. Over the past 10 years, my focus has strictly been in the heavy civil sitework industry as both an equipment operator and a working lead.

SKILLS

Organization, customer service, multitasking, time management, team management. ability to delegate, reliability, confident work ethic, professionalism, verbal/non verbal communication, Proficient in operating all types of Equipment including loaders, doozers, skid-steers, excavators & Dump trucks. Experienced with Concrete and asphalt work, all types of shoring and trench safety.

PROFESSIONAL EXPERIENCE

Suchocki and Son, Inc. Old Lyme, CT – Site Foreman

MAR 2024-PRESENT

- **Highlighted Projects:**
 - **Leetes Island Culvert-** Installing 192' of 4x6 precast Box Culvert, Install associated wingwall/ endwalls, Dewater Atlantic Ocean for installation of culvert with the use of Portadam Water Handling System, 580 cubic yards of Earth excavation
 - **Garvan Point Improvements-** Installing 480' of 35' tall PZC18 sheet pile retaining wall, installation of 400' of cast in place concrete cap, furnish and install cast in place concrete staircase with terraced seating area along beach

A/Z Corp. / Cianbro Construction N. Stonington, CT - Equipment Operator/Working Leader

JAN 2015 – DEC 2023

- **Responsibilities:** Aside from operating a wide range of equipment types and models, my managerial duties require that I develop and implement timelines to achieve targets, *create and review blueprints, job layout, Procure and daily reports, material take-offs*, expense reports, safety protocols, managing outside vendors, purchase material, permits/licenses, sitework tracking, communication with high profile client representatives from start to finish, communication with other divisions within AZ (mechanical, electrical, HVAC, safety) and sub-contractors for successful job completion.
- **Management of Crew:** delegation of tasks, Set clear objectives, heading meetings, safety, reviews/feedback, Conduct training, training new hires.
- **Projects Managed and Worked:** Electrical micro-grid expansions at Wesleyan and Trinity Colleges. Phase 5 and Phase 6 of the Wesleyan University Campus Hot Water Distribution Design, Phase 2 of the Pfizer North Campus Steam and Condensate Piping project, New London Naval Submarine Base energy savings steam line repairs, Multiple Bloom Energy 2,000Kw exterior Fuel Cell installations at Yale New Haven Hospitals in Bridgeport, Ct. New London, Ct and also at Central Connecticut State University. Eversource Training Building in Berlin, Ct Fuel Cell Energy Fuel cells at Pfizer in Groton, Ct. and also New London Naval Base in New London, Ct. Fixing Multiple Sewer line and water main breaks at Electric Boat in Groton, Ct & Quonset Point North Kingston, RI.

- **Specializations:** Operating around underground utilities, trench safety (ie: shoring, slide rail, trench boxes, shields, etc.) concrete and asphalt, operating in confined congested areas, hazardous zones while maintaining highest safety protocols.
- **Highlighted Projects:**
 - **Stroudwater Bridge Improvements-** Saw cut and partially demolished existing piers for bridge widening, Installed pile supports, concrete footings, abutments and piers, Installed structural steel girders to widen the bridge, added steel diaphragms and tension braces to accommodate a new bridge deck, performed eight bridge deck placements, performed spall and crack repair of substructure concrete, conducted erosion and drainage improvements, performed bearing pedestal reconstruction, maintained and protected traffic in busy urban setting, coordinated with railroad for work over active rail line, jacked bridge for bearing rehabilitation, painted, rehabilitated, and reset bearings
 - **The Gut Bridge Replacement Project-** Installed seven very complex cofferdams (one with double walls, many with complex tie back systems) for a total excavated quantity of 2,027 cubic yards, constructed retaining walls and abutments concrete 1,714 cubic yards, set 128 tons of bridge steel, constructed a two-story bridge control house, ran 33,000 linear feet of electrical cable, installed 35 Rock Anchors, constructed 900 linear feet of composite timber fender systems
 - **IMT Wharf Infill and Building Removal-** Building demolition, epoxy concrete deck sealing, timber pile removal, pipe pile driving, concrete pile cap installation, precast concrete deck panel installation, Bidwell concrete deck placing, electrical power stand installation and lighting relocation, concrete pier patching

Ridgewood Excavation, West Kingston, RI – Equipment Operator/Driver

2014 - PRESENT (PART TIME)

- Oversight of all residential foundations, land clearing, septic systems and all new build residential water lines, cast in place concrete, drainage and pools.
- Responsibilities include: Engaging with customers, creating job estimates, designing prints, acquiring permits, scheduling vendors/contractors, machine work/landscaping while ensuring all safety protocols and legalities are followed to ensure job completion and customer satisfaction..

Extreme Tree, Southwick, MA- Bucket Operator/Ground Guide

Tyler's Tree Service, Southwick, MA- Bucket Operator/Ground Guide

MARCH 2009 - FEB 2014

- Operation of bucket truck, felling trees and jobsite cleanup
- Operation of various heavy equipment, chainsaws etc. for demolition jobs, lot clearing, tree/stump removal and snow removal.

EDUCATION

US Army National Guard, East Greenwich, RI. - Heavy Construction Machine Operator

APRIL 2005 - AUG 2011

MOS 21E (Heavy construction machine operator) with the US Army National Guard stationed at Camp Fogarty in East Greenwich, RI. Trained and operated on all different types of machinery to include front loaders, back-hoes, dozers, excavators, and graders. Projects included road repairs, airfield clearing/restoration and demolition of underground storage facilities.

South Kingstown High School, South Kingstown, RI.

SEPT 2000 - JUNE 2004

LICENSES/TRAINING

- Rhode Island Hoisting Engineer License - License #00018720
- Massachusetts Hoisting Engineer License 2A - License # HE-182836
- Class A commercial drivers license - License # 12261094
- OSHA 10 Certificate
- OSHA 30 Certificate
- Preventing Discrimination & Harassment For CT. Certificate
- Rigger & Signal Person Safety Training Certificate
- Confined Space Training
- Excavation & Trenching Safety Certificate

REFERENCES

Steven Galbo – Eversource Energy, Danielson, CT

Safety Coordinator

Phone Number: 860-334-7019

John Mccan – Bentley Companies, Warwick, RI

Senior Project Manager

Phone Number: 401-601-9600

Glenn Gough Jr. – Ridgewood Excavation LLC< West Kingston, RI

Owner/ Operator

Phone Number: 401-623-1604

Brett Gough – Ridgewood Excavation LLC, West Kingston, RI

Owner/ Operator

Phone Number: 401-439-1587

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types					
Total number of injuries (M)	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss
0	0	0	0	0	0
(M)					

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name
Suchocki and Son, Inc.

Street
43 Hatchetts Hill Road

City
Old Lyme

State
CT

Zip
06516

Industry description (e.g., Manufacture of motor truck trailers)
Excavation and Site Work

North American Industrial Classification (NAICS), if known (e.g., 336212)
238910

Employment Information (if you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees
21

Total hours worked by all employees last year
33,321.00

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive
William Suchocki, Jr.

Title
Owner

Phone
860-889-2283

Date
11/30/2024

Reset

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) 0	(L) 0

Injury and Illness Types

Total number of...			
(M)	(N)	(O)	(P)
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this burden estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 20 23

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Establishment Information

Your establishment name Suchocki and Son, Inc.
Street 43 Hatchetts Hill Road
City Old Lyme State CT Zip 06516
Industry description (e.g., *Manufacture of motor truck trailers*)
Excavation and Site Work
North American Industrial Classification (NAICS), if known (e.g., 336212)
238910

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 22
Total hours worked by all employees last year 30,107.00

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

William Mowman Title Office Mgr
Company executive
Phone 860-889-2283 Date 11/30/2024

Reset

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log; if you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases					
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases		
0	0	0	0		
(G)	(H)	(I)	(J)		
Number of Days					
Total number of days away from work	Total number of days of job transfer or restriction				
0	0				
(K)	(L)				
Injury and Illness Types					
Total number of ...					
(1) Injuries	0	(4) Poisonings	0		
(2) Skin disorders	0	(5) Hearing loss	0		
(3) Respiratory conditions	0	(6) All other illnesses	0		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 55 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Establishment Information	
Your establishment name	Suchacki and Son, Inc.
Street	43 Hatchetts Hill Road
City	Old Lyme
State	CT
Zip	06516
Industry description (e.g., Manufacture of motor truck trailers)	Excavation and Site Work
North American Industrial Classification (NAICS), if known (e.g., 336212)	238910
Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate.)	
Annual average number of employees	21
Total hours worked by all employees last year	27,417.00
Sign here	
Knowing falsifying this document may result in a fine.	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
Company executive	John M. Moore
Title	Office Mgr
Phone	860-889-2283
Date	11/30/2024

Reset



OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 21

U.S. Department of Labor
Occupational Safety and Health Administration

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Form approved OMB no 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log; if you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(1) Injuries	0	0	0
(2) Skin disorders	0	0	0
(3) Respiratory conditions	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name
Street
City
State
Zip
Industry description (e.g., Manufacture of motor truck trailers)
Excavation and Site Work
North American Industrial Classification (NAICS), if known (e.g., 336212)

23891

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees
Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Signature
Title

Company executive
Phone
Date

Reset

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 20

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OSHA no. 1218-8176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review this OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) 0	(L) 0

Injury and Illness Types

Total number of ...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA, Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name Suchocki and Son, Inc.
Street 43 Hatchetts Hill Road
City Old Lyme State CT Zip 06371
Industry description (e.g., *Manufacture of motor truck trailers*)
Excavation and Site Work
North American Industrial Classification (NAICS), if known (e.g., 336212)
238910

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 25
Total hours worked by all employees last year 23,377.00

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

John M. Suchocki Title Office mgr
Company executive
Phone (860)889-2283 Date 12/31/2021

Reset

State of Connecticut
Department of Administrative Services (DAS) Contractor Prequalification
Bid Statement

(Statement to be included with the bid)

Connecticut General Statute §4a-100 and Connecticut General Statute §4b-91

Each bid submitted for a contract shall include a bid statement in such form as the Commissioner of Administrative Services prescribes and, if required by the public agency soliciting such bid, a copy of a prequalification certificate issued by the Commissioner of Administrative Services. The form for such bid statement shall provide space for information regarding all projects completed by the bidder since the date the bidder's prequalification certificate was issued or renewed, all projects the bidder currently has under contract, including the percentage of work on such projects not completed, the names and qualifications of the personnel who will have supervisory responsibility for the performance of the contract, any significant changes in the bidder's financial position or corporate structure since the date the certificate was issued or renewed, any change in the contractor's qualification status as determined by the provisions of subdivision (6) of subsection (c) of 4a-100 of the Connecticut General Statutes, and such other relevant information as the Commissioner of Administrative Services prescribes. Any public agency that accepts a bid submitted without a copy of such prequalification certificate, if required by such public agency soliciting such bid, and an update statement, may become ineligible for the receipt of funds related to such bid, except the public agency soliciting such bids may allow bidders no more than two business days after the opening of bids to submit a copy of the prequalification certificate, if required by such public agency, and an update statement.

PROJECT THAT COMPANY IS BIDDING ON

PROJECT NAME	Mago Point Parking Lot Improvements
PROJECT NUMBER	24-016

COMPANY INFORMATION

LEGAL BUSINESS NAME	Suchocki & Son, Inc.
DBA	
TAXPAYER ID	061390961
BUSINESS ADDRESS	43 Hatchetts Hill Rd
BUSINESS CITY, STATE, ZIP	Old Lyme CT 06371
PREQUALIFICATION CONTACT	Timothy Suchocki (justdigit78@gmail.com)

PREQUALIFICATION INFORMATION

EXPIRATION DATE	09/25/2025
SINGLE LIMIT	\$3,000,000.00
AGGREGATE WORK CAPACITY (AWC)	\$5,000,000.00
REMAINING AGGREGATE WORK CAPACITY*	\$3,493,494.70

* The Remaining Aggregate Work Capacity equals your company's AWC minus the Total \$ Amount of Work Remaining

BONDED PROJECTS (BOTH PUBLIC AND PRIVATE) CURRENTLY UNDER CONTRACT

Project Name	Project Owner	% Complete	Total Contract Amount	Work Remaining
Pleasant View Estates Water Main Project	Jewett City Water Company	75	\$265,000.00	\$66,250.00
Reconstruction of Old Pequot Trail	Mashantucket Pequot Nation	90	\$165,534.00	\$16,553.40
CT DOT #0028-0206	CT DOT	99	\$1,876,000.00	\$18,760.00
Birch Mill Rd over Falls Brook	Town of Lyme	30	\$889,202.00	\$622,441.40
Rehabilitation of Bridge #04790 So. Anguilla Rd	Town of Stonington	10	\$338,445.00	\$304,600.50
DPW Salt Shed	Town of Stonington	40	\$796,500.00	\$477,900.00

Total Amount of Work Remaining \$1,506,505.30

BONDED PROJECTS (BOTH PUBLIC AND PRIVATE) WHICH WERE AWARDED AND 100% COMPLETED SINCE THE DATE OF YOUR INITIAL PREQUALIFICATION OR YOUR LAST RENEWAL

Project Name	Project Owner	Date Completed	Total Contract Amount
Brooklyn Pump Station	Brooklyn Water Pollution Control Authority	11/1/2016	\$273,000.00
Ella Grasso THS & Windham THS FOGS Project	Department of Administrative Services	1/15/2017	\$315,500.00
2016 Roadway Maintenance & Repair Projects	Town of Sprague	1/15/2017	\$167,775.00
Town of North Stonington Center for Emergency Services - Phase I Excavation	Town of North Stonington	8/15/2015	\$462,579.00
Grandview Drive and Sunrise Drive Roadway Improvements	Town of Sprague	12/16/2015	\$877,309.00
Automatic Rollsof New England-Freezer Expansion	Northeast Foods Automatic Rolls of New England	6/30/2018	\$758,000.00
Blackledge Dam Restoration and Reconstruction Project	Town of Glastonbury	5/31/2018	\$485,698.00
North Stonington Emergency Services-Phase 2	Town of North Stonington	6/30/2018	\$911,038.00
McTigh Road Reconstruction - Phase 3	Town of Haddam	7/1/2019	\$1,019,320.00
Multi-Use Path	Town of Glastonbury	11/30/2020	\$1,023,320.00
Raymond Hill Rd Culvert Linings	Town of Montville	12/31/2020	\$125,880.00
Bartlett Basketball Court	City of New London	7/1/2019	\$167,925.00
Valley Service Road Extension	Town of North Haven	7/31/2022	\$2,275,300.00
Montville Sanitary Sewer	Town of Montville	6/29/2021	\$296,000.00
North Parker Road Culvert Replacement	Town of Marlborough	5/30/2022	\$310,350.00
Beaver Meadow Culvert	Town of Haddam	7/31/2023	\$631,800.00
CT DOT#0120-0095	CT DOT	12/1/2022	\$788,609.00

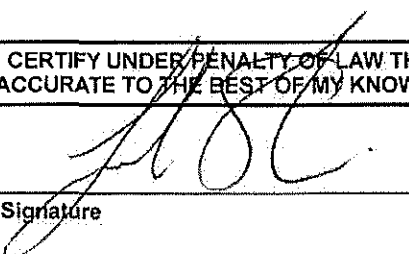
PERSONNEL WHO WILL HAVE SUPERVISORY RESPONSIBILITY FOR THE PERFORMANCE OF THE CONTRACT BEING BID ON

Name	Title
Joshua Suchocki	Vice President

CHANGES IN YOUR COMPANY'S FINANCIAL CONDITION OR BUSINESS ORGANIZATION WHICH MIGHT AFFECT YOUR COMPANY'S ABILITY TO SUCCESSFULLY COMPLETE THIS CONTRACT

HAVE THERE BEEN ANY CHANGES? No
 IF YES, EXPLAIN

I CERTIFY UNDER PENALTY OF LAW THAT ALL OF THE INFORMATION CONTAINED IN THIS BID STATEMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AS OF THE DATE BELOW.


 Signature

02/13/2025
 Date

2/7/25, 12:51 PM

Automation - CT Gateway

It is the responsibility of the Awarding Authority to determine if any of the information provided above will impact the contractor's performance on this project.

The DAS' Contractor Prequalification Program can be reached at DAS.Prequalification@ct.gov

State of Connecticut

Department of Administrative Services
Construction Contractor Prequalification Program

This certifies

Suchocki & Son, Inc.

43 Hatchetts Hill Rd, Old Lyme, CT 06371

As a

Prequalification Construction Contractor

September 26, 2024 through September 25, 2025

CONTACT INFORMATION

Name: Arlene Shoemaker
Phone: 860-889-2283
Fax: 860-886-8240
Email: ashoemaker@suchockiandson.com

Name: Joshua Suchocki
Phone: 860-889-2283
Fax: 860-886-8240
Email: josh@suchockiandson.com

Effective Date	Aggregate Work Capacity (AWC)	Single Limit (SL)
9/26/2024	\$5,000,000.00	\$3,000,000.00

Classifications
GENERAL BUILDING
CONSTRUCTION (GROUP A),
LANDSCAPING, SEWER AND WATER
LINES, SITEWORK

This certificate prequalifies the named company to bid. It is not a statement of the Contractor's capacity to perform a specific project. That responsibility lies with the awarding authority.

Company Licenses/Registrations: It is the Contractor's responsibility to update their license information by editing their electronic application. Licenses are confirmed by the Department of Administrative Services (DAS) at the time of initial application and at each renewal.

For information regarding the DAS Contractor Prequalification Program visit <http://portal.ct.gov/das/prequal> or call (860) 713-5280.

State of Connecticut
Department of Administrative Services
Supplier Diversity Program

This Certifies

Suchocki & Son, Inc.

43 Hatchetts Hill Rd Old Lyme CT 06371

As a

Small Business Enterprise

November 08, 2024 through November 08, 2026

Owner(s): Timothy Suchocki

Contact: Arlene Shoemaker

Telephone: 860-889-2283 Ext: **FAX:** 860-886-8240

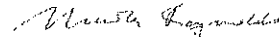
E-Mail: arlene@suchockiandson.com

Web Address: www.suchockiandson.com

****Affiliate Companies:** Bison Brook Farms, Inc.; Bison Brook North, LLC; Buffalo Ridge Construction, LLC



Supplier Diversity Director



Supplier Diversity Specialist

** A contractor awarded a contract or a portion of a contract under the set-aside program shall not subcontract with any person(s) with whom the contractor is affiliated.

This is your Major Contractor registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions regarding this registration can be emailed to the Occupational & Professional Licensing Division at

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. You can update your email address or print a duplicate certificate by logging into your account with your User ID and Password at _____.

Mailing address:

SUCHOCKI & SON INC
43 Hatchetts Hill Rd
Old Lyme, CT 06371

Email on file to be used for receiving all notices from this office:

mandy@suchockiandson.com

STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

SUCHOCKI & SON INC

43 Hatchetts Hill Rd
Old Lyme, CT 06371

has satisfied the qualifications required by law and is hereby registered as a

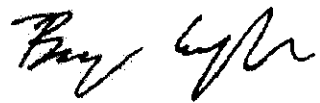
MAJOR CONTRACTOR

Registration #: MCO.0903422

Effective Date: 07/01/2024

Expiration Date: 06/30/2025

verify online at www.elicense.ct.gov



Bryan T. Cafferelli, Commissioner