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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ENVIRONMENTAL SERVICES

March 4, 2019 - 5:36 p.m.  
Merrimack Town Hall  
Matthew Thornton Room  
6 Baboosic Lake Road  
Merrimack, New Hampshire 03054

RE: HEARING TO RECEIVE PUBLIC COMMENT  
ON THREE SETS OF PROPOSED RULES RELATED  
TO ENV-DW 700 & 800; ENV-OR 603.03; AND  
ENV-WQ 402

PRESENT: Peter Demas, Esq., Legal Unit-NHDES  
(Presiding Hearing Officer)

ALSO NOTED AS PRESENT:

Harrison "Chip" D. Mackey, Drinking  
Water & Groundwater (DWG) Bureau  
Stephen J. Roy, DWG Bureau  
Lea Anne Atwell, Hazardous Waste  
Remediation Bureau  
Asst. Cmsr. Clark B. Freise, NHDES  
Sarah Pillsbury, DWG Bureau

COURT REPORTER: SUSAN J. ROBIDAS, N.H. LCR NO. 44

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1           HEARING OFFICER DEMAS: All right,  
2           everybody, if I can have your attention,  
3           we'll get started. We've given a little bit  
4           of extra time for folks to find us because of  
5           the change of location. It's about 5:36 now  
6           and we'll get going.

7           My name is Peter Demas. I am with  
8           the Legal Unit with the Department of  
9           Environmental Services. I'll be moderating  
10          this hearing. This hearing is being held to  
11          receive public comment on three sets of rules  
12          proposed by the Department of Environmental  
13          Services related to the regulation of  
14          perfluorochemicals, or PFCs. Specifically,  
15          the rules are ENV-DW 700 and 800 establishing  
16          maximum contaminant levels, or MCLs, for the  
17          four PFCs in drinking water, and adding  
18          monitoring, compliance and reporting and  
19          public notice requirements for the four PFCs;  
20          next is ENV-OR 603.03, establishing ambient  
21          groundwater quality standards, or AGQSS, for  
22          the four PFCs that are required by statute to  
23          be equivalent to the MCLs established in  
24          ENV-WQ 700; then ENV-WQ 402, establishing

1 water quality standards for discharges to  
2 groundwater of wastewater containing any of  
3 the four PFCs.

4 The Rulemaking Notices for these  
5 rules were published in the New Hampshire  
6 Rulemaking Register on January 24, 2019, as  
7 Notice Numbers 2019-14, 2019-15 and 2019-16.  
8 This hearing is the first of three public  
9 hearings being held as indicated in those  
10 Notices. For those of you who are  
11 interested, there is another hearing  
12 scheduled for tomorrow in Concord and then  
13 next Tuesday in Portsmouth.

14 Anyone wishing to make oral  
15 comments or submit written comments on the  
16 rules for the Department's consideration may  
17 do so at this hearing. Written comments on  
18 the rules may be submitted to the Department  
19 by the close of business, which is 4 p.m. on  
20 April 12th, 2019.

21 A couple of brief comments on the  
22 nature of the hearings, specifically, what it  
23 is and what it is not. As noted earlier,  
24 this hearing is being held to allow

1 interested parties an opportunity to testify  
2 and offer comments on the rules. The  
3 Department is here to listen to your comments  
4 and receive any written materials you wish to  
5 submit. This hearing is not a presentation  
6 on the rules, nor is it an adjudicative  
7 hearing or a debate on the merits of what's  
8 in the rules. This is your opportunity to  
9 voice your opinion on the rules to the  
10 Department. DES Staff knowledgeable about  
11 the content of the rules are here, and they  
12 may be able to answer questions clarifying  
13 any issue that may come up. But their  
14 primary reason is to sit here and listen to  
15 you and take notes so that we can consider  
16 your comments in the future. The hearing is  
17 not about the investigations with which you  
18 are all familiar, and it's not about the  
19 process of remediating. So, again, just  
20 about the rules.

21 After the close of the comment  
22 period, the Department will consider all  
23 comments received and will decide whether to  
24 revise the rules in response to the comments.

1           The Department will file its final proposed  
2           rules for consideration by the Joint  
3           Legislative Committee on Administrative Rules  
4           and will post the final proposed rules on its  
5           online Rulemaking page. We anticipate that  
6           the rules will be on the JLCAR agenda for its  
7           May or June meeting, although that date is  
8           subject to change.

9                         So let me briefly explain the  
10           rules. Last year, the Legislature enacted  
11           legislation directing DES to initiate  
12           rulemaking by January 1st, 2019, to, first,  
13           set MCLs; that's maximum contaminant levels  
14           for PFOA, PFOS, PFNA, and PFHxS. MCLs are  
15           the drinking water standards that public  
16           water systems such as Merrimack Village  
17           District must comply with.

18                         In addition, DES was directed to  
19           re-evaluate the current AGQs for PFOA and  
20           PFOS, which is currently 70 parts per  
21           trillion combined, and to establish AGQs for  
22           PFHxS and PFNA. AGQs are clean-up standards  
23           for contaminated sites. It should be noted  
24           that existing statutes have always required

1 an AGQS to be the same as any established MCL  
2 for a contaminant. The AGQs are also used  
3 to determine appropriate discharge limits for  
4 groundwater discharge permits.

5 In response to the legislative  
6 directive, DES has proposed the following  
7 rules which are the subject of tonight's  
8 hearing:

9 ENV-DW 700 and 800. They establish  
10 the MCLs, monitoring, compliance, reporting  
11 and public notice requirements for the four  
12 PFCs that will apply to all community and  
13 non-transient public water systems. This is  
14 as required by RSA 485:16-e. The proposed  
15 MCLs are: For PFOA, 38 parts per trillion;  
16 for PFOS, 70 parts per trillion; for combined  
17 PFOA and PFOS, also 70 parts per trillion;  
18 for PFNA, 23 parts per trillion; and for  
19 PFHxS, 85 parts per trillion.

20 The rules would also eliminate the  
21 requirement for the owner or operator of a  
22 laboratory that is seeking approval for an  
23 alternate analysis method to identify a  
24 specific public water system for which the

1 alternate method would be used, meaning that  
2 once an alternate method is approved, it  
3 could be used for any public water system.

4 The next rule is ENV-OR 603.03.  
5 This would be amended to revise the existing  
6 AGQSS for PFOA and PFOS, and to add AGQSS for  
7 PFNA and PFHxS, which is required by RSA  
8 485-C:6. And those are required to be  
9 identical to the MCLs that were established  
10 under ENV-DW 700 and 800 which we just talked  
11 about.

12 ENV-WQ 402 would establish  
13 requirements for discharges to groundwater of  
14 wastewater containing any of the four PFCs.  
15 Those requirements reflect the proposed  
16 changes to the AGQCs that would be  
17 established under the rule we just talked  
18 about, ENV-OR 603.03, and they are intended  
19 to accommodate the lack of available  
20 technology to treat wastewater that is  
21 contaminated with certain PFCs.  
22 Specifically, the rules would include:  
23 Residual PFOA, PFOS, PFNA and PFHxS in the  
24 existing conditional exemption for meeting



1 AGQSS under certain circumstances; it would  
2 establish a discharge limit for PFOA, PFOS  
3 PFNA and PFHxS in wastewater discharge to  
4 groundwater; it would also account for  
5 exceedances of the applicable limits for the  
6 four PFCs; it would also include those four  
7 PFCs in the treatment/alternative response  
8 requirement established for 1,4-dioxane,  
9 which includes identifying and eliminating  
10 contributing discharges to the wastewater  
11 stream.

12 So, before we get going, I'd just  
13 like to cover some procedural matters. If  
14 you wish to speak, we ask that you please  
15 sign in and fill out a card, one of these  
16 slips that was available when you walked in.  
17 If you wish to speak and didn't get one,  
18 please go grab one and just fill in your  
19 name, your affiliation if you have any.  
20 Someone will collect them and pass them up  
21 here. When I call your name, step to the  
22 microphone here in the middle to make your  
23 comments. We anticipate there will be a good  
24 amount of comments on these rules, and

1           because we have a limited amount of time, we  
2           ask you to please be respectful of those who  
3           want to comment after you and try to keep  
4           your comments limited to three to five  
5           minutes. It's not a hard and fast rule, but  
6           remember others want to speak. If there's  
7           something that you haven't covered and  
8           somebody hasn't covered after you've had a  
9           chance, then, and we still have time, you  
10          know, feel free to come back up afterwards.  
11          But initially, let's try to keep it somewhat  
12          tight. If you plan to speak and submit  
13          written comments, you don't have to read your  
14          written comments into the record. If you  
15          want to summarize your comments that are in  
16          writing for the room, that's fine. But  
17          whatever you submit to us in writing will be  
18          part of the record. You don't have to read  
19          it into the record tonight. That will save a  
20          significant amount of time. If others who  
21          have testified before you have made the same  
22          comments, feel free to indicate your support  
23          for those who have spoken before you and with  
24          whom you agree, but you don't have to

1 reiterate those comments again, again saving  
2 time for those who wish to speak after you.  
3 All right.

4 And the other thing is we are  
5 recording this hearing. We have a  
6 stenographer here to help capture the  
7 comments. Please try to speak clearly and  
8 towards the microphone and, as I've been  
9 told, maybe slow down a bit, too.

10 All right. So with that, let's get  
11 the hearing underway. I'm just going to go  
12 right to the first of our slips that's been  
13 submitted, and that is for Geoff Daly, who  
14 wishes to comment on all three of the rules.

15 Good evening, Mr. Daly.

16 GEOFF DALY: Good evening. My name  
17 is Geoff Daly. I live at  
18 Drive, Nashua, New Hampshire. And my main  
19 concern is, back in January when we had the  
20 first iteration and review of the MCL  
21 approach, it was found out that New Hampshire  
22 DES had used the wrong scientific equations  
23 to come up with the MCLs. During that  
24 meeting it was admitted that if they'd taken

1           into account breastfeeding, blood placenta  
2           passing and in vitro, those numbers would  
3           have immediately come down by two-thirds.  
4           When we look around at the Minnesota work  
5           that has been done, in there are -- and I  
6           will be submitting separately -- equations on  
7           how to work this all out but were never used.  
8           It was pushed on one side. The Minnesota  
9           report is very, very thorough. The New  
10          Jersey report is very, very thorough. They  
11          all come down into virtually the double  
12          digits: 10, 12, 14 parts per trillion. Some  
13          people are now talking in New Jersey of one  
14          part per trillion.

15                   And I think -- and I go back to the  
16          June meeting in Exeter with  
17          then-Administrator Alexandra Dunn and Peter  
18          Grevatt, and they both agreed, if they could,  
19          they'd put it at zero until proven otherwise.  
20          Now, the state of New Hampshire has the right  
21          to do the same thing under the Tasker and the  
22          Clean Water Act for drinking water. You  
23          could level those down to zero if you wanted.  
24          Yes, there may be a cost to it, but that can

1 be worked out. And I feel that you should  
2 not at this moment in time present anything  
3 to the legislators other than the lowest  
4 possible number, not this 38 and 70. And  
5 making a combined of 38 and 70 to be 70, the  
6 math doesn't work. When you go and look at  
7 every single report out, the combined is the  
8 two numbers added together, not the two  
9 numbers to make a lower level. And if you  
10 take into account the PFHxS 78, you add that  
11 all in, it still doesn't come back to 70.  
12 Somebody's doing fuzzy math. You won't be  
13 able to fool the public any longer. We have  
14 very highly qualified scientists at Notre  
15 Dame, University of North Carolina, Alabama,  
16 Harvard and Tufts University, who absolutely  
17 are going through everything, and they're  
18 saying somebody is fiddling around because  
19 they don't want to accept responsibility.

20 Since 1954, 3M have known, and the  
21 EPA has known. The FDA put out a report  
22 banning PFAS on food wrappings in 1966. In  
23 July of last year -- sorry, 2017, they gave  
24 Daikin permission to start coating papers

1 that are going to be used for food wrapping,  
2 the major one being popcorn. They did not go  
3 back beyond 1970 to check if any prohibition  
4 had been made for coating of papers with  
5 PFAS.

6 No one in this state is even  
7 looking at the landfill side of things. We  
8 have Dr. Graham Peaslee out of Notre Dame who  
9 said that paper will disintegrate, and every  
10 single part of that PFAS coating will go into  
11 the landfill, into the groundwater or into  
12 the leachate, and then it goes into the  
13 wastewater. We know New Hampshire DES has  
14 checked wastewater, and you're getting PFAS.  
15 Not large numbers, but they're still numbers.  
16 The Pennichuck Brook is contaminated.  
17 Nobody's gone in and checked that recently.  
18 But there is a well there that turns up on  
19 your map at 328 parts per trillion. It's  
20 actually 329 parts per trillion. We've had  
21 that checked by Eurofins.

22 So you have the rights to lower the  
23 levels, and I implore you to do it and not  
24 put it on to the legislation for them to come

1 up with a number. Thank you very much.

2 HEARING OFFICER DEMAS: Thank you,  
3 Mr. Daly.

4 Okay. Next is Katharine Hodge.

5 KATHERINE HODGE: Back in February,  
6 at the EPA announcement, Alexandra Dunn was  
7 asked why Vermont has a total combined level  
8 of 20 parts per trillion for five, not four  
9 PFAS, like we do here. Her response was that  
10 Vermont used science for the most vulnerable,  
11 which are the infants and children, to come  
12 to their levels. Vermont set their levels in  
13 2016. We are in 2019 and we're still  
14 studying things? We're still testing things?  
15 The four combined -- the five combined that  
16 Vermont has, like I said, are at 20. New  
17 Hampshire, for the four that we're looking  
18 at, totals 216 ppt. That's for four, not  
19 five. There's a 196 parts per trillion  
20 difference between us and Vermont. So how  
21 about we stop using full-grown men in our  
22 studies and start using kids and infants. If  
23 Vermont can come up with 20 ppt for five, we  
24 can do it. And there's one chemical that

1 Vermont added into theirs; it's PFHpA.  
2 Looking at a couple months' worth of  
3 chemicals out of Saint Gobain, the levels for  
4 those are over 2,000. Over 2,000 for the  
5 exact same chemical that is included in the  
6 Vermont ppt, which, like I said, is at 20.

7 So if New Hampshire is using  
8 science based on adults, they're also saying  
9 that it is for immediate exposure of one year  
10 or less, when we have been exposed to these  
11 chemicals for 20-plus years and are still  
12 being exposed to these chemicals on a daily  
13 basis, mostly by the air which settles into  
14 the soil, which then goes into the  
15 groundwater, which then contaminates all of  
16 our water. Merrimack is a total aquifer.  
17 When are you guys going to start protecting  
18 us? Every single ounce of water is  
19 contaminated. You guys need to step up and  
20 do something.

21 New York and New Jersey have low  
22 numbers as well. So why is New Hampshire not  
23 doing at least as much as they are? They  
24 know what their costs are going to be, but



1           they thought that human health protection was  
2           most important. So why isn't it to New  
3           Hampshire?

4                       I've been living in Merrimack for  
5           16 years. I live 1.1 miles away from Saint  
6           Gobain. My own health issues, I've had  
7           thyroid biopsies. Thank God, no cancer was  
8           found. 2016, I lost two thirds of my right  
9           kidney. No family history of anything. Now  
10          this is going to be a lifetime of concern for  
11          myself, for my family. It's going to worry  
12          me for my entire life. It's going to worry  
13          my husband and my children for the rest of  
14          their lives. Do you guys understand the cost  
15          to me and my family and everybody else in  
16          Merrimack that has had to have surgeries,  
17          medications, all because of known exposure?  
18          Kidney cancer is on the list of known  
19          exposure for these chemicals. It's going to  
20          be a lifetime of testing for me. Every six  
21          months I have to go in and get retested for  
22          my kidney to see if the cancer has come back.  
23          Do you know what kind of stress that causes?  
24          I don't think you do unless you've been in my

1 position. My daughter did her first cancer  
2 run when she was 11 years ago in support of  
3 me. That's absolutely pathetic that an  
4 11-year-old has to have a sign "In Support of  
5 My Mom" on her back. My husband is a retired  
6 military person. What was he exposed to  
7 before? I don't know. What is he still  
8 being exposed to now? Basically for me, I'm  
9 screwed if this happens again. And like I  
10 said, this is all known exposure. Kidney  
11 cancer is on the list. My husband has health  
12 issues that will shorten his life span and  
13 will create many health issues along the way.  
14 Is this okay? Do you care about the cost of  
15 our healthcare? Do you care about what we're  
16 pulling out of our pockets on a monthly  
17 basis, on a weekly basis, even on a yearly  
18 basis? And you're concerned about clean-up  
19 costs for a multibillion-dollar company  
20 that's contaminated us? I think not.

21 My daughter, who is 14 now, has  
22 health issues. At 11 years old she was put  
23 on medication. She will continue to be on  
24 this medication until the doctors can figure

1 out exactly what's going on or until certain  
2 levels get balanced out. All of her issues  
3 are known exposure-related as well. So  
4 please stop denying that the health issues  
5 are there. We will have a lifetime of  
6 worries with my daughter. What's going to  
7 happen when she tries to have children of her  
8 own? Is she going to pass the PFAS down to  
9 her babies? Is it going to be in her babies  
10 when she chooses to breast-feed? Is it going  
11 to be in her babies when she chooses to use  
12 contaminated water to make their formula?  
13 Think about the long term, don't think about  
14 the short term.

15 My daughter also has asthma. She  
16 was diagnosed at five years of age. Five  
17 years old. She's only breathed Merrimack  
18 air. So that's another concern of ours. Do  
19 you know what the cost of an inhaler is? Our  
20 co-pay, co-pay, for one of her inhalers is  
21 \$120. That's every single month. Add up  
22 that cost and then you tell me that Saint  
23 Gobain can't pay to fix our water. We know  
24 that they've created this. We know that they

1           have the money to fix it. So do your jobs,  
2           please, and get them to pay for it. It  
3           shouldn't come down to us having to pay for  
4           what they've created.

5                        So whether you guys decide to do  
6           the right thing and look at people over  
7           industry or a multibillion company over the  
8           health of the people that you technically  
9           work for, I hope you can all sleep at night  
10          knowing you have put a dollar value on  
11          everybody in Merrimack and on all of our  
12          future generations. Thank you.

13                       HEARING OFFICER DEMAS: Thank you.  
14          Okay. Next up is Town Council Member Barbara  
15          Healey. Good evening, Ms. Healey.

16                       BARBARA HEALEY: Good evening.  
17          Nice to see all of you. Thank you for coming  
18          down to Merrimack today.

19                       You know, I know you've just heard  
20          about the Minnesota study and the results  
21          that have come out just recently in their  
22          publishing because they've been fairly -- you  
23          know, a lot more testing was done on cord  
24          blood versus newborn, versus children into

1 early childhood. So I'm here today not to  
2 speak to you as a town councilor, but to  
3 see -- to speak to you as a registered nurse  
4 with over 40 years of experience.

5 And you know, one thing that they  
6 tell pregnant women is don't take aspirin,  
7 don't drink caffeine, don't drink alcohol,  
8 don't smoke. And there are -- don't sit in  
9 hot tubs either. I missed that one. But,  
10 you know, what we have here as well is  
11 chemical substance and compounds that is in  
12 our drinking water, and only in the last few  
13 years have we really begun to see studies  
14 that are looking at what are the upper limits  
15 of those levels in the bloodstream and what  
16 do they do. And there aren't enough studies  
17 to be done with that.

18 So I think what I'm asking you  
19 today is to consider a few other things when  
20 you're looking at that Minnesota study, as  
21 well as other studies that have come to the  
22 forefront in the last couple of months since  
23 you first published what the proposed MCLs  
24 would be, and that is look at lower levels,

1           because ultimately plastic and fluorines  
2           don't belong in the body. And secondly, also  
3           think about the other PFAS compounds in that  
4           family and the new GenX as they start taking  
5           carbon compounds out of the equation to try  
6           to make a more acceptable product overall.

7                        So, again, if women who are  
8           pregnant can't take all of those drugs and  
9           can't take medicine for their colds, let's  
10          not put PFAS into the water at any level, and  
11          let's take it out because, as you know and I  
12          know, this is only the tip of the iceberg.  
13          As more and more communities begin to test  
14          for this compound, they're going to find they  
15          have it in their water as well. So let's get  
16          ahead of the curve and be a little more  
17          protective and at least, you know, look at  
18          some of the newer studies that have come out.  
19          Thank you for your time.

20                       HEARING OFFICER DEMAS: Thank you.  
21          Next is Donald Provencher, MVD Commissioner.

22                       DONALD PROVENCHER: What's that?

23                       HEARING OFFICER DEMAS: I hope I  
24          pronounced your name right.

1 DONALD PROVENCHER: It's  
2 Provencher. Close enough.

3 Thank you for coming here tonight.  
4 I know this is important to everybody. I am  
5 a citizen of Merrimack. I'm also an MVD  
6 Commissioner, Merrimack Village District.  
7 But I'm here to speak on my own behalf. I'm  
8 not representing the MVD tonight.

9 I did have an opportunity to go  
10 through the summary of the development of the  
11 MCLs report that was put forth, and I just  
12 have a few things that I wanted to present  
13 here. The first thing is I'm not sure where  
14 the four compounds were selected from. I  
15 know other states have more compounds, five,  
16 six. One of the concerning things is, as a  
17 Commissioner, to know that we want to make  
18 sure that we're serving the best water that  
19 we can to our residents. PFHxA is not  
20 regulated, but when you look at the test  
21 results in MVD's wells, that compound is  
22 actually higher than PFOS and PFHxS, which  
23 are regulated in Wells 2 and 3. So I'm a  
24 little bit concerned of what does that mean

1           when PFHxA is higher than other compounds  
2           that are regulated, but the PFHxA is not  
3           being regulated. That's a little concerning  
4           to me, that that's being sort of omitted and  
5           it's somewhat higher than other PFAS  
6           compounds in our water. I wish that would  
7           have been addressed.

8                        When we look at the MVD customer,  
9           which is essentially almost all of Merrimack,  
10          and beyond Bedford, some locations, we've  
11          already been exposed as far back, as I  
12          understand, back in probably even in the late  
13          '80s when ChemFab was -- preceded Saint  
14          Gobain. That exposure has become evident in  
15          the DHHS blood study that was done a couple  
16          of years ago, which concluded that the  
17          average MVD customer's blood levels of PFOA,  
18          PFOS, were double the national average. That  
19          puts the MVD customer at sort of an already  
20          disadvantaged exposure level. Now, these  
21          exposure limits, these MCLs that are being  
22          considered, I'm not sure if the back -- the  
23          baseline blood levels I'm assuming are  
24          representative of the national average. But



1 right here in Merrimack, we're double the  
2 national average. So it would seem that  
3 these levels might be too high for certain  
4 people who have already been exposed to  
5 certain levels of these chemicals. And  
6 that's a little concerning to me. I'm not  
7 sure we're accounting for that in the MCLs.

8 The other parts I wanted to speak  
9 about are just related to the costs and  
10 benefits. And I think from our last meeting  
11 here at the town hall a couple months ago, I  
12 believe the costs were not yet considered in  
13 these MCLs. I'm not sure if that's true or  
14 not. But at some point, if costs are going  
15 to be considered, and I got to think that  
16 they are, it says on one of these Page 11s in  
17 this report that DES does not regulate  
18 private well water and that there are some  
19 costs in here that are provided that deal  
20 with estimated cost to treat private wells.  
21 So I'm not really sure if that's factored in  
22 or if it's going to be factored in, the cost  
23 of treating private wells. But I do know the  
24 cost of public water treatment is definitely

1 something that's going to be considered, I  
2 would imagine. And I was looking at some of  
3 the numbers that were derived on Page 78 of  
4 the report and actually does cite some of MVD  
5 wells because, as you know, Saint Gobain is  
6 paying part of the cost of treating Wells 4  
7 and 5 that have contamination over the  
8 current 70 limit. And those are accurate,  
9 obviously. But there's other costs in here  
10 that I don't think are accurate, like an \$8  
11 million cost for treating Wells 7 and 8.

12 What I wanted to do is to point out  
13 that MVD did commission a PFAS study that was  
14 done by one of our consulting engineers,  
15 Underwood Engineers. And there is more  
16 accurate data that I would want to point you  
17 to to use for cost estimates on that. It's  
18 on the MVD's web site. It's a thorough  
19 report that the Commission had authorized  
20 because we wanted to know what would be the  
21 costs we'd be faced with if we decided to  
22 pursue treatment on the other wells that are  
23 below the 70 limit, or if these MCLs drop low  
24 enough that we would be required to have to

1 put treatment on. So there is better  
2 information out there, and I would certainly  
3 recommend -- I could send it to you if you  
4 want, but it is on the MVD's web site.

5 HEARING OFFICER DEMAS: You should  
6 submit that.

7 DONALD PROVENCHER: Okay.

8 HEARING OFFICER DEMAS: Feel free  
9 to do so.

10 DONALD PROVENCHER: I will do so.

11 And the last question I had here,  
12 which I don't know if you want to answer,  
13 maybe I can submit this as a question as  
14 well, but on Page 16 in this report, it talks  
15 about benefits to affected parties. And  
16 there's a sentence in here that says NHDES  
17 researched the subject of benefit  
18 quantifications, spoke with experts,  
19 including a group of professors and  
20 researchers at the University of New  
21 Hampshire. I was just curious on who those  
22 professors are. So I'll send you a written  
23 question on that.

24 That's it. Thank you.

1 HEARING OFFICER DEMAS: Thank you  
2 very much.

3 Sandy Lafleur.

4 SANDY LAFLEUR: I have nothing.

5 HEARING OFFICER DEMAS: No  
6 comments?

7 SANDY LAFLEUR: No comments.

8 HEARING OFFICER DEMAS: Okay.  
9 Thank you.

10 Laurene Allen, co-founder of the  
11 Merrimack Citizens for Clean Water.

12 LAURENE ALLEN: Good evening. Is  
13 it on? Hello?

14 HEARING OFFICER DEMAS: You should  
15 have a green light.

16 LAURENE ALLEN: Green light.

17 HEARING OFFICER DEMAS: Yes.

18 LAURENE ALLEN: Three years ago we  
19 became aware that Merrimack and several  
20 surrounding communities were identified by  
21 the EPA as a PFAS contamination site, that we  
22 now know is at least 65 square miles.  
23 Fifteen years ago, prior to our awareness,  
24 NHDES archives show memos of concern with

1 PFAS chemicals released from Saint Gobain  
2 Performance Plastics via air emissions that  
3 we now know have contaminated and continue to  
4 contaminate groundwater, waterways, aquifers,  
5 soil, wells, wastewater-generated bio solids  
6 and compost, and no doubt our local food  
7 chain. We are a PFAS-impacted community with  
8 long-term exposure to what we now know is a  
9 bio-accumulative class of chemicals that do  
10 not break down and have been linked to  
11 thousands of health studies showing their  
12 harm. Dr. Ben Chan of DHHS clarified last  
13 year in public comment that our blood serum  
14 in Merrimack will not decrease until we can  
15 stop exposure to these chemicals. That was a  
16 powerful statement when I heard that.

17 We, in Merrimack and surrounding  
18 communities, bear a disproportionate burden  
19 of harm as compared to the rest of New  
20 Hampshire, and the time to act is now, to not  
21 only protect us from harm, but to give us  
22 rights to stop the accumulation of  
23 contamination and place the cost of  
24 remediation on the polluters whose actions

1 put these chemicals in our drinking water  
2 sources.

3 NHDES was thankfully legislated to  
4 review health science and incorporate  
5 research that pertained to the most sensitive  
6 endpoints and most vulnerable populations,  
7 infants, into maximum contaminant level  
8 recommendations for only four of the many  
9 PFAS we're exposed to in this community on a  
10 daily basis with active and direct  
11 source-identified pollution. The proposed  
12 levels of 38 PFOA, 70 PFOS, 23 PFNA and 85  
13 PFHxS do not do that and thus cannot be in  
14 good consciousness become law.

15 Over the last three years I have  
16 dedicated as much time to PFAS impacts in  
17 exposed communities as I have to my social  
18 work practice. Why? Because despite being  
19 told that we have had a relatively low  
20 exposure level as compared to the current EPA  
21 health advisory of 70 parts per trillion,  
22 which we know is not protective, I have come  
23 to believe that health disruptions that I  
24 have seen not only in my entire family and

1 many, many others in this town are associated  
2 with long-term PFAS exposure. We know from  
3 blood tests taken as recently as this year in  
4 Hoosick Falls, New York, where residents have  
5 had higher exposure than we have had, sadly,  
6 but to the same chemical class and formulas,  
7 with the same polluter, interestingly, that  
8 babies are now being born with high levels of  
9 PFAS in their blood serum despite their  
10 parents having fully filtered public water,  
11 and they stopped their exposure four years  
12 ago.

13 I have reviewed all of the  
14 information NHDES considered to formulate  
15 MCLs and their methodology, and upon first  
16 read I was surprised to see that the most  
17 sensitive endpoints that other states such as  
18 New Jersey, Vermont, New York, and now  
19 Pennsylvania, have utilized in their  
20 formulations were not chosen. I have heard  
21 and read the reasoning and the rationale that  
22 has been communicated to us of only using the  
23 most definitive science. This rationale does  
24 not serve our citizens, and we do not accept

1           this approach.

2                       I will leave the scientific  
3           discussion of which endpoints, reference  
4           doses and uncertainty factors are truly  
5           protective to the scientists who specialize  
6           in this environmental health area, as they  
7           are paying attention and I know they will  
8           comment with full references in our process.

9                       I will close by saying that it is  
10          unacceptable to exclude categories of studies  
11          that other states have concluded are the most  
12          sensitive endpoints and have the greatest  
13          potential for harm. These studies include  
14          mammary tissue and delayed development for  
15          PFOA, and immune response and immune  
16          suppression for PFOS. Not only are these  
17          disruptions in development in the formative  
18          years likely to play out across the lifetime,  
19          but where is the crucial attention to using a  
20          precautionary, overall uncertainty factor, as  
21          we know in this area we have had long-term  
22          and will endure ongoing exposure of an entire  
23          class of PFAS unrecognized fully in this  
24          process, but truly the elephant in the room.



1 Thank you.

2 HEARING OFFICER DEMAS: Thank you.

3 Representative Wendy Thomas.

4 REP. WENDY THOMAS: Thank you for  
5 having me here.

6 As stated, my name is  
7 Representative Wendy Thomas. I live at  
8 here in Merrimack.

9 Just would like to read a short statement.

10 The drinking water in the private  
11 well at my home on in  
12 Merrimack tested at 49 parts per trillion for  
13 PFOA, one of the toxic group of chemicals in  
14 Merrimack's groundwater linked to cancer,  
15 thyroid disease and other illnesses when  
16 people are exposed to them. That's under 70  
17 parts per trillion. So it's considered a  
18 safe -- and that's in quotation marks --  
19 contamination level by an environmental  
20 protection agency health advisory, a  
21 guideline for chronic lifetime exposure set  
22 last year. It's also considered safe by the  
23 state of New Hampshire DES, which follows the  
24 same guidelines.

1                   What needs to be considered is  
2                   this: Is a safe PFOA level a matter of  
3                   geography? If my home were in New Jersey  
4                   instead of New Hampshire, my contamination  
5                   level wouldn't just be considered unsafe, it  
6                   would be three and a half times above a  
7                   proposed legal limit of 14 ppt for PFOA in  
8                   drinking water there. If I lived in New  
9                   Jersey, my health would be better protected  
10                  from contaminated water than it is now in New  
11                  Hampshire. PFOA is just one of the eight  
12                  similar chemicals in our well, only one other  
13                  of which, PFOS, has had any federal exposure  
14                  guidelines. The PFOA and PFOS combined in  
15                  our well is 53.8 parts per trillion.

16                  New Hampshire can and must do  
17                  better for its residents who are being  
18                  exposed to these toxic chemicals. The MCLs  
19                  for these chemicals must be drastically  
20                  lowered. Our health and safety should not be  
21                  jeopardized simply because we happen to live  
22                  in the wrong state. Thank you.

23                  HEARING OFFICER DEMAS: Shaina  
24                  Kasper.

1 SHAINA KASPER: Hi, my name is  
2 Shaina Kasper. I'm the Vermont and New  
3 Hampshire state director at Toxics Action  
4 Center. At Toxics Action Center, we believe  
5 that everyone has the right to breathe clean  
6 air and drink clean water and live in a  
7 healthy and sustainable community with a  
8 government that operates responsively and  
9 democratically. We envision a toxic-free  
10 world where we phase out harmful chemicals  
11 from manufacturing, we do everything possible  
12 to clean up our toxic legacies of past  
13 mistakes. So we provide side-by-side  
14 community organizing assistance --

15 STENOGRAPHER: Can I just ask you  
16 to --

17 SHAINA KASPER: Slow down.

18 STENOGRAPHER: -- just a little  
19 bit, please.

20 SHAINA KASPER: Thank you. Always  
21 a problem. Thank you.

22 So we, yeah, we provide training  
23 for folks facing environmental hazards in  
24 their neighborhoods. And so for 30 years our

1           role has been helping first-time activists to  
2           face pollution threats in their  
3           neighborhoods. And nowhere has this been  
4           more important than in the past few years  
5           with communities affected by PFAS.

6                        So as was mentioned earlier, you  
7           know, chemical companies have exploited  
8           loopholes in our country's safe drinking  
9           water laws for decades, meaning that  
10          communities are not required to test for  
11          these chemicals, much less to clean them up.  
12          And there's no enforceable federal drinking  
13          water standard for PFAS, leaving these  
14          regulations up to states. And these  
15          chemicals have been linked from everything  
16          from kidney disorders and cancers and more.  
17          I'm sure you've heard from some folks, and  
18          you'll continue to hear from others tonight  
19          about these health impacts these chemicals  
20          cause. And to make matters worse, the  
21          environmental working group estimates that  
22          this contaminate is in the drinking water of  
23          110 million people living in this country.  
24          Granite Staters deserve to know that the

1 water is safe to drink, and this means that  
2 we must be precautionary, which has already  
3 also been discussed.

4 And so after working with a number  
5 of groups in Vermont and New Hampshire and  
6 elsewhere across the region at a national  
7 conference in Boston in June 2017, community  
8 leaders, including folks in Merrimack, were  
9 inspired by these new ideas from others  
10 facing similar threats and wanted to  
11 collaborate to make change both in their own  
12 backyards and at the broader national level,  
13 and that's why they launched the National  
14 PFAS Contamination Coalition, which has now  
15 grown to 25 community groups in 15 states and  
16 Guam, who have joined together to share  
17 information, gain skills, connect with  
18 experts, and work on state and national  
19 campaigns together for solutions to build a  
20 collaborative and powerful force to take on  
21 some of the country's biggest polluters.

22 The Coalition envisions a PFAS-free  
23 world where people are not exposed to any  
24 PFAS, where poisoned people's health is

1           protected, where there's justice for harms  
2           and deaths from past exposures, and where  
3           regulations change so that nothing like this  
4           can happen again. Strong MCLs, discharge  
5           limits, AGQSS and others at the state and  
6           federal level are a first step in working  
7           towards this vision.

8                       Today there's almost 5,000 PFAS  
9           substances in use. We don't even know how  
10          many because of how broken our chemical  
11          regulatory system is. All chemicals are  
12          similar to these four that are tested and are  
13          highly persistent. And, you know, studies  
14          are showing that newer PFAS chemicals have  
15          similar health impacts as these legacy  
16          chemicals, and most have not even been  
17          studied at all. So we need to be treating  
18          this chemical as a class, and we cannot take  
19          a chemical-by-chemical approach.

20                      This emerging regulatory patchwork  
21          also raises concerns that some Americans are  
22          not adequately protected. And states have  
23          the resources and technical know-how to  
24          conduct their own risk assessments, but

1 others may lack the funding and expertise.  
2 So we need to continue pushing forward on  
3 these.

4 We also need to be moving for  
5 federal, meaningful federal action. And it  
6 is abysmal that it is up to the states to  
7 take action in the absence of federal action.  
8 And Geoff has already mentioned some of the  
9 state action that has already been taken for  
10 PFOA, PFOS and others. And of these,  
11 Vermont, Minnesota, New Jersey have all  
12 adopted levels that are more stringent than  
13 EPA's current, non-enforceable standards, and  
14 from New Hampshire's. New York and  
15 California have also proposed stronger  
16 guideline levels as well. And Pennsylvania  
17 officials also recently announced that they  
18 create their own standards, citing concerns  
19 about EPA's sluggish efforts to address this  
20 issue. Other states are doing more. And New  
21 Hampshire should not just be pushing for  
22 federal, stronger federal regulations, but  
23 also should be a leader and not a follower in  
24 this work due to the number of impacted

1 people that you have heard from and will  
2 continue to hear from until meaningful  
3 changes happen.

4 Other states are considering a full  
5 body of scientific evidence on health risks  
6 associated with exposure to this class of  
7 chemicals when setting safe limits in  
8 drinking water. Other states are considering  
9 effects on sensitive populations, such as  
10 pregnant women and children, which is what  
11 you've already heard of today as well. And  
12 so New Hampshire must do the same.

13 I'll submit further comments by --  
14 written comments by the April deadline. So  
15 thank you.

16 HEARING OFFICER DEMAS: Thank you,  
17 Ms. Kasper.

18 Carol DiPirro, for Merrimack  
19 Citizens for Clean Water.

20 CAROL DiPIRRO: Carol DiPirro,  
21 Merrimack, New Hampshire. And I'm going to  
22 apologize because a lot of what I had said  
23 has been said, so I don't want to repeat it.  
24 But I'm going to shuffle papers here for a



1 second.

2 HEARING OFFICER DEMAS: Thank you.

3 CAROL DiPIRRO: It troubles me that  
4 there are these other studies out there that  
5 seem to keep getting discounted, like New  
6 Jersey. The ATSDR came out with much lower  
7 numbers. They were looking at child exposure  
8 levels. They came out with numbers of like  
9 14 parts per trillion for PFOS, 21 parts per  
10 trillion for PFOA, 21 parts per trillion for  
11 PFNA and so on. And basically they're  
12 anticipating that these numbers are going to  
13 recommend that the limits are going to be  
14 going down. So I don't know what we're  
15 waiting for.

16 There is the cost to the individual  
17 that you heard about. So when you're  
18 factoring in the cost to the water systems,  
19 there are a lot of people in town that are  
20 bearing medical costs because of this, and I  
21 don't know how that's going to fit into your  
22 equation. I'm guessing it's not. I know  
23 that there are people not here to speak for  
24 themselves because they are dead or they have

1 moved because of the water situation in this  
2 town.

3 I remember when the governor first  
4 spoke and he said that we should be able to  
5 trust our tap water. What happened to that?  
6 You guys are the organization to put that in  
7 place. So I'm expecting that to happen.

8 And here, just in some of our own  
9 monitoring wells -- this isn't in the  
10 drinking water, per se, but we know water  
11 doesn't have boundaries. It just flows. We  
12 have a monitoring well right next to Saint  
13 Gobain that measures 19,000 parts per  
14 trillion. Where do you think that's going to  
15 go? It's going to seep into our water supply  
16 or somebody's private well. We have to act.  
17 These are dangerous. And as many people have  
18 said before me, it seems like a lot of the  
19 studies that are getting discounted and  
20 ignored are not considering the youngest, the  
21 babies, the child development issues, which  
22 is one of the main reasons I got involved in  
23 this whole issue. We need to look at the  
24 biggest picture, consider that PFAS is a

1 class of around 3,000 chemicals and not four.  
2 But I'm okay with starting with four or five,  
3 as long as we keep pushing forward. These  
4 chemicals are in our air. I developed asthma  
5 shortly after I moved to Merrimack, and now  
6 I'm drinking it. And when you set these  
7 limits, as somebody else said, you're  
8 negligent if you do not consider towns like  
9 Merrimack and Coakley and all those areas  
10 that have had high exposure if you do not aim  
11 for the lowest number possible, because  
12 somehow, how do we get this out of our  
13 bodies? I know I'm having health effects,  
14 and I worry every night about my family.

15 So I think basically most of what I  
16 was going to say has been said. So in the  
17 interest of time I'm just going to quote Tom  
18 Brady and ask you, "Please do your job."

19 HEARING OFFICER DEMAS: Jean Porter  
20 from the Lower Merrimack River Advisory  
21 Committee.

22 MR. PORTER: No, we'll pass on.

23 HEARING OFFICER DEMAS: Okay.

24 Thank you, Mr. Porter.

1                   Dr. Katherine Pelch, Endocrine  
2                   Disruption Campaign -- or Exchange.

3                   DR. KATHERINE PELCH:   Exchange.

4                   Good evening, and thank you for  
5                   this opportunity to provide the comments.  
6                   I'm Dr. Katherine Pelch from -- I'm a senior  
7                   scientist at the Endocrine Disruption  
8                   Exchange. We're a non-profit research  
9                   organization. And I am also a citizen of New  
10                  Hampshire, so I am here on my behalf as well.

11                  So I think it's important to start  
12                  out by highlighting as we've heard that New  
13                  Hampshire Senate Bill 309 specifically stated  
14                  that the Commissioner shall adopt standards  
15                  that reasonably protect public health,  
16                  particularly prenatal and early childhood  
17                  health. Unfortunately, the MCLs currently  
18                  proposed by DES fail to do that. Developing  
19                  children are the most at risk of the  
20                  long-term effects from PFAS exposure. There  
21                  are two reasons for this. First, the fetal  
22                  and early childhood life stages are the time  
23                  the body systems are being established and  
24                  developed. Small changes that disrupt or

1 permanently alter the course of development  
2 can increase the risk of later-life disease.  
3 Second, the U.S. EPA has noted infants and  
4 children consume more drinking water per unit  
5 body weight. Infants may be exposed to PFAS  
6 via contaminated breast milk and/or by infant  
7 formula that is prepared with  
8 PFAS-contaminated water. It is important  
9 that these factors are adequately accounted  
10 for in the MCL calculation process since  
11 developing children are both the most  
12 sensitive population, as well as the  
13 population with the highest estimated  
14 exposure.

15 So DES should take two steps to  
16 better protect this vulnerable population.  
17 First, DES should use exposure assumptions  
18 based on infants for the derivation of MCLs.  
19 Instead, DES has used a water ingestion rate  
20 for lactating women of 0.055 liters per  
21 kilogram per day. While this is more  
22 protective than the ingestion estimation for  
23 a man or a non-lactating woman, it is not  
24 protective enough for infants. The Vermont

1 Department of Health has used a value of  
2 0.175 liters per kilogram per day, which  
3 represents the 95th percentile of body weight  
4 adjusted water intake rate for the first year  
5 of life as has been calculated by the U.S.  
6 EPA.

7 I encourage New Hampshire DES to do  
8 the same. Using this ingestion assumption  
9 would lower current MCLs by a factor of  
10 three-fold. At a minimum, DES should explore  
11 the use of the new toxicokinetic model that  
12 incorporates chemical-specific properties and  
13 exposure parameters for early life stages as  
14 we've heard about that's been developed by  
15 the Minnesota Department of Health for PFOA  
16 and PFOS. Of course, in doing so, DES should  
17 ensure that they base their calculations on  
18 the lower reference doses that they have  
19 already proposed rather than the higher one  
20 that is used by Minnesota Department of  
21 Health in the derivation of the model.

22 The second step DES should do to  
23 better protect prenatal and early childhood  
24 health is to properly acknowledge health

1 effects that are known to occur after  
2 developmental exposure to very low levels of  
3 PFAS. This could be done by either choosing  
4 a study with a more sensitive endpoint on  
5 which to base the calculation, or by applying  
6 more protective uncertainty factors. For  
7 example, there is strong evidence linking  
8 developmental PFOA exposure to delays in  
9 mammary gland development. The New Jersey  
10 Drinking Water Quality Institute has stated  
11 that these delays in mammary gland  
12 development are, quote, Considered to be  
13 adverse because structural changes in the  
14 mammary gland persisted until adulthood and  
15 that there is no reason to discount its human  
16 relevance. Furthermore, three human studies  
17 report that PFOA is associated with decreased  
18 duration of breast-feeding, a parameter which  
19 has not been adequately studied in rodents.

20 New Hampshire DES should therefore  
21 either base the MCL calculations for PFOA on  
22 delays in mammary gland development or apply  
23 the full uncertainty factor of 10. Likewise,  
24 the MCL for PFOS should either be based on

1 the effects on the immune system, or a full  
2 uncertainty factor of 10 should be applied.

3 So, for PFNA, it is not clear why  
4 DES has not chosen to use the same  
5 uncertainty factors as those used for -- as  
6 those used by the New Jersey Drinking Water  
7 Quality Institute, especially considering the  
8 database limitations that DES acknowledges,  
9 including a lack of a human serum half-life  
10 and studies on mammary gland development and  
11 neurobehavioral outcomes. Furthermore, in  
12 reading the January 2019 summary report  
13 today, I noticed that the recent findings on  
14 testosterone levels, fertility and sperm  
15 number, motility and viability from  
16 prepubertal PFNA exposure that were mentioned  
17 to DES by the New Jersey Drinking Water  
18 Quality Institute were not included or  
19 mentioned, and I think that this should be  
20 revisited.

21 In conclusion, the MCL values  
22 currently proposed by DES are not protective  
23 of prenatal and early childhood health as was  
24 required by New Hampshire Senate Bill 309.



1 DES should use exposure assumptions based on  
2 infants for the derivation of MCLs and better  
3 acknowledge the growing evidence of health  
4 effects from developmental exposures to low  
5 levels of PFAS. Thank you.

6 HEARING OFFICER DEMAS: Thank you,  
7 Dr. Pelch.

8 Margaret O'Neil.

9 MS. O'NEIL: No comment.

10 HEARING OFFICER DEMAS: Excuse me?  
11 No comment?

12 MS. O'NEIL: No comment.

13 HEARING OFFICER DEMAS: Thank you.

14 William O'Neil?

15 MS. O'NEIL: No comment.

16 HEARING OFFICER DEMAS: Okay.

17 Thank you.

18 Kristin Ayers?

19 KRISTIN AYERS: My name is Kristin  
20 Ayers. I am a Merrimack resident. Thank you  
21 for meeting with us today. I just want to  
22 clarify. I apologize. Are you all DES?

23 HEARING OFFICER DEMAS: Yes.

24 KRISTIN AYERS: Okay. Thank you.

1 I am aware that you are not only  
2 here because -- that you are only here  
3 because you are required to be here, so let's  
4 not pretend you're here to help us. If you  
5 were, we wouldn't have to beg you time and  
6 time again to do your job. Personally, I  
7 find it gross and positively nauseating that  
8 we as a community had to fight to even get  
9 this meeting in our own town, our  
10 contaminated town, and not in Concord as  
11 previously scheduled by you, Clark. If that  
12 doesn't speak volumes to what you think of  
13 our town, huh? And you want us to stop  
14 talking on social media to get awareness out  
15 there and complaining about DES, which was  
16 said in our last town meeting by DES. Yeah,  
17 well, that's our right. And if you won't do  
18 anything, or should I say do the right thing,  
19 well, I guess it's up to us. So Facebook,  
20 Instagram and Twitter it is.

21 So let me get to my point. We are  
22 the largest contaminated community in our  
23 great, beautiful state of New Hampshire.  
24 People in Merrimack, as well as other nearby

1 towns, such as Bedford and Litchfield, have  
2 been dosed and continue to be dosed every  
3 second of every darn day with unnatural,  
4 man-made PFAS chemicals in our everyday  
5 lives.

6 There are at least 34 PFAS in the  
7 Saint Gobain, our biggest polluter, report  
8 summaries. This contamination, guess what?  
9 It's not decreasing. In fact, as their  
10 reports indicate, it's increasing. We have  
11 an active polluter. This is fact and cannot  
12 be disputed. This harm to our environment  
13 impacts our air, water, soil, game, fish, as  
14 well as crops at local farms. All things  
15 that impact us every day.

16 Clark, I recall us discussing after  
17 or October meeting, off the side, the long  
18 time that DES has granted Saint Gobain to  
19 complete the fish tissue samples. Nearly a  
20 year. Have they submitted these samples yet?  
21 I read thoroughly your emails and check your  
22 web site, and I haven't seen anything yet.  
23 It is fact that fish and game in contaminated  
24 communities across the country have shown

1 high levels of PFAS in random samples. So  
2 why do we not expedite this request from last  
3 year and have the samples done now? Here's  
4 my concern: You are not gaining appropriate  
5 information needed to make conclusions  
6 regarding our community's level of  
7 contamination. You're just not doing it.  
8 Just like the blood samples. And don't even  
9 get me going on our continued lack of access  
10 to blood tests.

11 Another example: You tested how  
12 many of Saint Gobain's 13 smoke stacks, and  
13 what specifically did you test for, and how  
14 many PFAS are found in Saint Gobain's reports  
15 from their stacks? Come on. 34 at least  
16 that we know of. Let's get what we need, the  
17 information we need to fix this problem, and  
18 hold the polluter responsible. It's enough.

19 These chemicals are proven to be  
20 bio-accumulative, something I didn't know was  
21 a thing as a teacher. I had no clue what  
22 that was. Well, having taken the time to  
23 educate myself and others in my community, I  
24 can say we don't want this junk in our water.

1 As we have learned from research, we are very  
2 concerned, very frustrated, very angry. You  
3 might notice that. And we'll remain very  
4 active on this issue. Our community needs to  
5 be cleaned up. These chemicals are not going  
6 anywhere. They will be here for hundreds of  
7 years, what some studies show. Trust me, we  
8 will not give up due to lack of action from  
9 our state, from lack of doing what's right  
10 and putting the most protective measures in  
11 place. Instead of worrying about cost  
12 analysis, I can tell you there's a  
13 multibillion-dollar company down the road  
14 that should be footing the bill for this.  
15 You have the power to do that. Our people  
16 are over being patient with you. We have  
17 grown immune to your non-answers and your  
18 non-action. Our citizens are angry that our  
19 community will not be protected or cleaned up  
20 without laws that you claim we need. I can  
21 remember our very first visit with you. You  
22 had a panel. And I asked a ton questions.  
23 In fact, I was asked, like, to stop. But I'm  
24 like, no, I'm not done. I waited for hours

1 for you to talk, now it's my turn, if you  
2 remember.

3 I can remember, Clark, you saying,  
4 "Our hands are tied. We can't do anything."  
5 Yeah, well, poor you. We got people elected.  
6 We did what you asked. We got bills written.  
7 You are so full of malarkey and you know it.  
8 What did you do with our efforts? You  
9 testified against them in Concord. Yeah, so  
10 don't think for a second that you are looking  
11 good in our eyes. I can't help but wonder  
12 why you still sing the praises of our state's  
13 biggest polluter, Saint Gobain, and then  
14 testify against our efforts. Our community  
15 is not stupid. We are well aware that DES  
16 testified at specific times against Senate  
17 Bill 287, against Wendy Thomas's bill opening  
18 the possibility for blood testing. How is  
19 that helping us? Shame on you. You should  
20 as disgusted as we are to be stuck without  
21 knowing what is in our bodies and at what  
22 levels and continue to be dosed with.

23 You have been provided science  
24 which shows that protective water standards

1 are absolutely crucial to long-term  
2 bio-accumulative exposure which our  
3 residents, our trusting, our caring, our  
4 beautiful, our innocent residents have been  
5 dosed with. We need the science-based laws  
6 that other states have that use the most  
7 vulnerable population, infants, and most  
8 sensitive endpoints in the calculations. Do  
9 the right thing.

10 HEARING OFFICER DEMAS: Thank you,  
11 Ms. Ayers.

12 Wilfram von Schoen, MVD  
13 commissioner. Mr. von Schoen.

14 WOLFRAM VON SCHOEN: Thank you.  
15 Wilfram von Schoen, Merrimack citizen and  
16 resident and MVD commissioner. I'm not a  
17 physician, I'm not a biologist, toxicologist,  
18 any of these fancy things. I'm just an  
19 engineer. So I'm going to ask a simple, and  
20 in layman terms, formulaic question, and that  
21 is: What makes New Hampshire DES believe  
22 that your logic -- which is very transparent,  
23 by the way, which I think puts you in the  
24 position of being scrutinized and criticized

1 and reviewed, and I appreciate that a lot --  
2 but what puts New Hampshire DES in the  
3 position to claim that our rather small state  
4 knows better than large, very large and very  
5 powerhouse capable states, like New  
6 Hampshire -- I'm sorry -- New Jersey, of  
7 course, Pennsylvania and New York? There are  
8 states, even Minnesota, you know, large  
9 enough I would think, that their DES is of a  
10 capacity that we may not be able to match.  
11 So I have not seen arguments in the report  
12 that justify deviation versus those states  
13 that I believe personally to have larger  
14 capacities to study these efforts, these  
15 chemicals and their influence in the body.  
16 So I don't expect that answer today, but I  
17 would appreciate an answer to that question:  
18 What makes New Hampshire DES believe that we  
19 know better? Thank you.

20 HEARING OFFICER DEMAS: Thank you,  
21 Mr. von Schoen.

22 Representative Rosemarie Rung.

23 REP. ROSEMARIE RUNG: Thank you.

24 I'm here as a resident, as a mother and



1 grandmother to my family that lives in  
2 Merrimack, and I'm also here to represent the  
3 good people of Merrimack who have been  
4 dealing with this contamination for nearly  
5 three years that we know of.

6 I want to encourage the Department  
7 of Environmental Services to consider two  
8 factors as you proceed through rulemaking for  
9 PFAS maximum contaminant levels. One,  
10 increase the current uncertainty factor for  
11 PFOA and PFOS from 3 to 10, as concerns  
12 regarding mammary glands should be weighed  
13 more heavily in light of the Minnesota study.  
14 The January 10th, 2019 article, "A  
15 Transgenerational Toxicokinetic Model and Its  
16 Use in Derivation of Minnesota PFOA Water  
17 Guidance," published in the Journal of  
18 Exposure Science and Environmental  
19 Epidemiology, raises alarming concerns for  
20 breast-fed infants. As New Hampshire wants  
21 MCLs that are protective of human health, it  
22 must consider most seriously the health of  
23 the youngest of humans, as they have the  
24 highest risk of long-term exposure due to

1 their young age.

2 No. 2, even though other studies  
3 may not directly conclude the role of PFAS in  
4 mammary gland cancers, it is suggested in  
5 several of the studies noted in the  
6 January 4th DES report. Also, New Hampshire  
7 has the highest rate of breast cancer in the  
8 country, and to err of the side of caution is  
9 very prudent.

10 Thank you for inviting public  
11 comment during the rulemaking process, and I  
12 hope you will consider these comments in your  
13 deliberations. Thank you.

14 HEARING OFFICER DEMAS: Thank you,  
15 Representative.

16 Representative Kathy Stack.

17 REP. KATHY STACK: Thank you. My  
18 name is Kathy Stack, and I am a  
19 representative from Merrimack. I'd like to  
20 thank you for the opportunity to speak at  
21 this public hearing. And I do support all of  
22 the previous testimony given. I also speak  
23 on behalf of the many constituents I've heard  
24 from over the past several months regarding

1           this issue.

2                       As you are aware, New Hampshire  
3 residents are exposed to PFOA, PFOS and,  
4 minimally, 34 PFAs, as identified in a recent  
5 Saint Gobain report. These chemicals are not  
6 decreasing. Saint Gobain remains an active  
7 pollutant in our town, and our community is  
8 being held captive, particularly if DES does  
9 not consider the lowest MCL for these  
10 chemicals.

11                      The current effort to only set the  
12 MCLs for a minimum amount of these PFAs may  
13 leave residents at risk due to exposure of  
14 the other non-regulated PFAs. The New  
15 Hampshire DES must consider the possibility  
16 as populations chronically exposed to a  
17 number of PFAs may be considered a sensitive  
18 population in need of extra protection. In  
19 addition, in setting MCLs, New Hampshire must  
20 focus on the most vulnerable, whether that be  
21 infants or the elderly. Any fragile  
22 populations must be considered. And we  
23 should be looking at what the other states  
24 have done to address this problem.

1 Proactive water standards are  
2 crucial to the long-term bio-accumulative  
3 exposure of our residents. Most of us in  
4 town have been exposed to these man-made  
5 toxic chemicals spewing from Saint Gobain for  
6 years. I don't want to think that this town  
7 is being used as a guinea pig with DES  
8 complicit in the Saint Gobain minimization  
9 and denial of the damage these chemicals  
10 continue to cause to our residents. You are  
11 playing a numbers game with people's lives.  
12 How many residents of Merrimack have to get  
13 sick and/or die for you to be concerned with  
14 the pollution coming from this active  
15 pollutant? You continue to leave residents  
16 exposed to the harmful chemicals.

17 As my well-esteemed colleague,  
18 Shaina, mentioned about a sluggish effort  
19 being taken by you, it's brought to mind an  
20 analogy I have, where a person is drowning  
21 and yells out, "I'm drowning." The lifeguard  
22 says, "I'm coming." You're now going down  
23 for the third or fourth time; yet, the  
24 lifeguard still sits there saying, "I'm

1 coming." You are the lifeguards. We're  
2 drowning in this toxic chemical, and you are  
3 the lifeguards watching us drown.

4 In considering the MCLs, please use  
5 science and common sense and protect our  
6 community before there's nothing left to  
7 protect.

8 HEARING OFFICER DEMAS: Represent-  
9 ative Nancy Murphy.

10 REP. NANCY MURPHY: Good evening.  
11 Thank you for taking my comments.

12 We're here tonight to address a  
13 problem for the entire state of New  
14 Hampshire: Exposure to toxic PFAS chemicals  
15 that are not sufficiently or adequately  
16 regulated to protect us or our environment.  
17 In Merrimack, we are especially concerned as  
18 state-identified industrial polluter Saint  
19 Gobain has made us captive victims in the  
20 largest known industry-related environmental  
21 disaster in our state's history. For that  
22 stigma, our state's No. 1 ranking in the  
23 nation for pediatric, breast, bladder and  
24 esophageal cancer, likely impacted by

1 environmental triggers and the human health  
2 outcomes associated. We are both frustrated  
3 and angry. Our public drinking water and  
4 private wells are contaminated with dangerous  
5 chemicals that are known to be associated  
6 with human health harm. We must remember  
7 that those who manufacture these chemicals  
8 have never been held responsible for proving  
9 them safe. Despite the science that shows  
10 health harm associated with exposure,  
11 corporations are given the benefit of the  
12 doubt over citizens, allowing them to  
13 continue to pollute while the burden of proof  
14 falls on the victims of that exposure to  
15 prove harm.

16 PFAS have been found in our public  
17 water supplies, private wells and  
18 groundwater. Despite MVD's water PFAS levels  
19 currently testing lower than 70 ppt in the  
20 EPA advisory, this brings no comfort to me as  
21 a resident and MVD customer who, since 2016,  
22 has continued to access every opportunity  
23 available to further educate myself as to  
24 these toxic chemicals and their effects on

1 health. I am motivated to do so to protect  
2 my own health and that of my family,  
3 neighbors, friends, community, and the  
4 citizens of this state of New Hampshire.

5           Though assured in the past by the  
6 EPA that safe exposure was 400 ppt, which was  
7 then reduced to 100 ppt, and now to 70 ppt,  
8 reputable science, along with the CDC's own  
9 ATSDR suggests otherwise. Given the  
10 biodegradation and bio-accumulative  
11 properties of these toxic chemicals known to  
12 be associated with human health harm, serious  
13 action is warranted by regulators. Let's not  
14 forget that we have been long-term victims of  
15 PFAS exposure for many, many years, and our  
16 exposure has not stopped. We need to accept  
17 the science that is most protective of human  
18 health, include mammary studies, and use the  
19 higher uncertainty factor as a multiplier  
20 that the ATSDR, New Jersey, Vermont,  
21 Pennsylvania and New York have used in an  
22 effort to be truly protective of vulnerable  
23 populations.

24           DES must impose far more strict and

1 enforceable PFAS MCLs than the ones currently  
2 proposed. As we all know, there are  
3 thousands of PFAS in this chemical class;  
4 that we are even talking about setting MCLs  
5 for only four is unfortunate. Until we  
6 regulate these chemicals as hazardous  
7 substances and as a class, this is truly a  
8 game of "whack-a-mole." The DES-proposed  
9 PFAS MCLs don't take into consideration the  
10 cumulative effect of all of these toxic PFAS  
11 substances that Merrimack and the state of  
12 New Hampshire are exposed to, including PFHpA  
13 and PFBA.

14           Given the world we now live in and  
15 what we know of advancing science, the  
16 precautionary principle should be heavily  
17 weighted as a guideline in environmental  
18 decision making and should impact policy.  
19 DES must take preventive action in the face  
20 of uncertainty and shift the burden of proof  
21 regarding safety to those who are proponents  
22 of less restrictive and health-protective  
23 MCLs.

24           New Hampshire state government has



1 a moral, ethical and social responsibility to  
2 its citizens to rely upon science and the  
3 precautionary principle in the adoption of  
4 PFAS MCLs that protect human health and the  
5 environment. Science that may be funded by  
6 or thwarted by the chemical companies that  
7 have something to gain or lose, lobbyist  
8 corporations who have profits to lose by the  
9 adoption of lower limits, or any entity that  
10 is likely to incur cost or lose profit should  
11 limits be lowered and they be required to  
12 remediate or prevent contamination should  
13 have no voice here. We have got to get our  
14 allegiances and priorities straight. Let's  
15 put the cost where it belongs, on those  
16 responsible for putting us in this situation  
17 in the first place, those who made these  
18 toxic chemicals, and those who use them,  
19 knowing full well the cost to our environment  
20 and public health. Let's stop looking at  
21 cost only from the perspective of industry  
22 and municipalities. There is a much greater  
23 cost, the one to human health and our  
24 environment. What is the value of a human

1           life? It may not be much to a  
2           multibillion-dollar industrial polluter, but  
3           it is everything to the parent of a child  
4           with cancer or the children of an adult who  
5           is unable to parent and too sick to provide  
6           for his or her family. We can balance  
7           economic growth and environmental protection,  
8           but it should never be at the expense of  
9           human health.

10                           In the absence of federal  
11           protections, we have asked state leaders to  
12           step up to protect public health and safety,  
13           looking for real action and support. We have  
14           stepped up ourselves to become those leaders.  
15           Rest assured, what we have here is a public  
16           health crisis, a crisis not of our own  
17           making, that has still not been adequately  
18           addressed, and one that continues to put the  
19           people of our community and across New  
20           Hampshire at risk of further and ongoing  
21           harm. We demand the strongest of protections  
22           for the health and well-being of our  
23           communities and environment and inclusion of  
24           scientific studies that support this. Please

1 don't let us down. Thank you.

2 HEARING OFFICER DEMAS: Thank you,  
3 Representative Murphy.

4 That was the last of the testimony  
5 comment cards that I have here. Is there  
6 anybody here who wishes to speak who hasn't  
7 filled out a card and would like to speak  
8 now?

9 [No verbal response]

10 HEARING OFFICER DEMAS: Okay.  
11 Thank you very much all of you for your  
12 comments and for attending. If anybody has  
13 written comments with them and have not  
14 submitted them already, please do so. If  
15 there's anything that you would like to  
16 submit after today, you can do so. I remind  
17 you that the public comment period ends on  
18 April 12th, and we will continue to take  
19 everything into consideration that we receive  
20 up until that time. Thank you very much.  
21 There being nothing further, the hearing is  
22 closed.

23 (Hearing adjourned at 6:53 p.m.)  
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C E R T I F I C A T E

I, Susan J. Robidas, a Licensed  
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I further certify that I am neither  
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Susan J. Robidas, LCR/RPR  
Licensed Shorthand Court Reporter  
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