

Health Consultation

CANCER INCIDENCE: RESIDENTS OF
CLAREMONT, SULLIVAN COUNTY, NEW HAMPSHIRE
(WHEELABRATOR- CLAREMONT SITE)

EPA FACILITY ID: NH5986485332

SEPTEMBER 30, 2006

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Agency for Toxic Substances and Disease Registry
Division of Health Assessment and Consultation
Atlanta, Georgia 30333

Health Consultation: A Note of Explanation

An ATSDR health consultation is a verbal or written response from ATSDR to a specific request for information about health risks related to a specific site, a chemical release, or the presence of hazardous material. In order to prevent or mitigate exposures, a consultation may lead to specific actions, such as restricting use of or replacing water supplies; intensifying environmental sampling; restricting site access; or removing the contaminated material.

In addition, consultations may recommend additional public health actions, such as conducting health surveillance activities to evaluate exposure or trends in adverse health outcomes; conducting biological indicators of exposure studies to assess exposure; and providing health education for health care providers and community members. This concludes the health consultation process for this site, unless additional information is obtained by ATSDR which, in the Agency's opinion, indicates a need to revise or append the conclusions previously issued.

You May Contact ATSDR Toll Free at
1-800-CDC-INFO

or

Visit our Home Page at: <http://www.atsdr.cdc.gov>

HEALTH CONSULTATION

CANCER INCIDENCE: RESIDENTS OF
CLAREMONT, SULLIVAN COUNTY, NEW HAMPSHIRE
(WHEELABRATOR- CLAREMONT SITE)

EPA FACILITY ID: NH5986485332

Prepared by:

New Hampshire Department of Environmental Services
Environmental Health Program
Under a Cooperative Agreement with the
Agency for Toxic Substances and Disease Registry

Introduction

On Thursday, January 19, 2006, a petition from medical professionals in Claremont, NH was delivered to NH Governor John Lynch calling for the shut-down of the Wheelabrator-Claremont Waste-to-Energy Incinerator, citing “unacceptable” health risks for Claremont residents (1) (attach. 1). The statement was signed by 35 members of the medical staff at Claremont’s Valley Regional Hospital, including one physician who was quoted in a statewide newspaper as saying “a large number of the cancer patients I have seen in the last fifteen years have resided in the Bible Hill area of Claremont,” an area which he noted is a high impact area for emissions from the Wheelabrator site (2).

In response to these concerns, the Governor’s Office requested a review of cancer incidence in the Claremont area. The NH Department of Environmental Services (DES), Environmental Health Program (EHP) carried out a high priority health consultation based on cancer data from 1987-2001. Findings of that study were issued in a press release on February 10, 2006 (3). At the request of a state legislator from the area, a public meeting was held in Claremont on June 1, 2006 to discuss the findings with members of the local community (4). The current health consultation is submitted to ATSDR to document EHP’s response to this request.

It accordance with the request from The Office of the Governor, this consultation focuses on cancer incidence in the City of Claremont. Cancer rates for the 1987-2001 period were calculated for 24 major cancer types taking into account the age and gender composition of the population. Claremont cancer statistics were compared with those of the State as a whole.

Cancer incidence data for 1987-2001 were provided by the NH State Cancer Registry. Data were analyzed with the Standardized Incidence Ratio (SIR) technique, which is used to investigate disease incidence in small areas, and is the first step in NH’s disease cluster investigation protocol. The purpose of the SIR is to identify unusually high (or low) disease rates in an area and determine whether or not they are amenable to public health intervention.

Health concerns related to the Wheelabrator site have been expressed by many Claremont residents since the incinerator began operating in 1987. DES has determined that conducting a public health assessment of ambient air exposure potential near the site is the most appropriate course of action to address the concerns of residents and local officials. Accordingly, EHP has begun gathering environmental, meteorological and health-related data needed for this assessment. The first draft of the public health assessment will be completed by July 2007. It will include an evaluation of ambient air quality data and meteorological information from the DES air monitoring station in Claremont. This air monitoring station will serve as a surrogate for evaluating the inhalation exposure to residents of Claremont. It will also include a Health Outcome Data review section to include updated cancer information and a review of hospitalization data for respiratory-related events and conditions.

Site Description and Demographics

Wheelabrator-Claremont Company (Wheelabrator site) operates a resource recovery (waste-to-energy) facility in Claremont, NH. The facility burns municipal solid waste (MSW) in two 100

tons/day mass burn units that generate steam. The steam drives a turbine generator to produce electricity for sale to the local utility. The gross generating capacity of the facility at the maximum capacity rating is nominally 6 megawatts.

The MSW combustors are two identical mass-fired waterwall boilers each with a maximum heat input rate of 43.1 MMBTU/hr. Each unit is equipped with a single auxiliary propane fired burner rated at a maximum of 15 MMBTU/hr. The flue gas runs through pollution control equipment that controls acid gases, particulate matter and other pollutants. According to the 2005 Toxics Emissions Inventory, the Wheelabrator site emits pollutants including arsenic, cadmium, chromium, nickel, lead, mercury, hydrogen chloride, dioxins and furans. Each boiler stack is equipped with a continuous emissions monitoring system and a continuous opacity monitoring system. The quenched bottom ash is transported via a drag conveyor to an ash handling room. The ash is loaded into containers and stored under cover until it is transported to the landfill.

Claremont is a city of 13,344 (2004 US Census estimate) located along the Connecticut River in Sullivan County in the western part of NH. It is the largest incorporated place in Sullivan County, and ranks 19th in population size among cities and towns in NH. Claremont is the location of the County's only acute care facility, Valley Regional Hospital, which is also the city's largest employer.

Methods

Data Sources

Cancer became a reportable disease in New Hampshire in 1985, and since 1986 the New Hampshire State Cancer Registry (NHSCR) has been charged with identifying all new cases of cancer occurring among New Hampshire residents. Health Statistics and Data Management (HSDM), under the New Hampshire Department of Health and Human Services (DHHS) has overall responsibility for the NHSCR, which it funds through a state contract. Dartmouth College has continuously held the contract to operate the NHSCR since its inception. The registry is administratively located in the Norris Cotton Cancer Center. The US Centers for Disease Control and Prevention (CDC) currently provides a grant to DHHS, and these funds have been used to help increase the scope of registry information and to assure the quality of the data collected. Cancer data is collected in accordance with NH Administrative Rules. HSDM receives the cancer data set from the NHSCR. NHSCR currently collects reports from hospital registrars operating in all the large hospitals in NH. Hospitals with relatively smaller caseloads of cancer (fewer than 100 cases per year) generally do not have their own cancer registry, so NHSCR staff assists these hospitals with their reporting duties. NHSCR also receives reports of cases from physician practices, freestanding radiation oncology centers, out-of-state pathology laboratories and other sources, as required by NH Administrative Rules. In addition, the NHSCR receives reports for NH residents who are diagnosed outside of NH, based on agreements of information exchange with other states.

The time period 1987-2001 was selected for evaluation of cancer incidence data because it was the most recent data available, and because multiple years of data are needed to provide large enough numbers to yield meaningful statistics for smaller areas such as individual cities or towns. An incident case was defined as an individual residing within the City of Claremont who

was diagnosed with a new primary malignant cancer during the evaluation period. The variables analyzed included: city/town of residence at time of diagnosis, primary cancer type, date of diagnosis, age at diagnosis, and sex. Information on other risk factors, such as health-related behaviors, environmental and occupational exposures, or access to medical care, is not available in the abstracted medical data used in this review.

Population estimates for 1987-2001 were calculated by combining the 1990 and 2000 US Census enumerations for the City of Claremont and the State of New Hampshire.

Data Analysis

A descriptive epidemiological analysis of cancer incidence for the City of Claremont was conducted using the Standardized Incidence Ratio (SIR) technique. The SIR is used to analyze disease incidence in small areas, and is the first step in NH's disease cluster investigation protocol. The SIR compares the actual (observed) number of cancer cases in the study population (residents of Claremont) to the number that would be expected to occur if Claremont had the same age- and sex-specific cancer rates as the State of NH. An SIR is the ratio of the observed number of cases to the "expected" number of cases in the study population. These ratios were calculated for all 24 major cancer types.

The purpose of an SIR study is to identify unusually high (or low) disease rates in an area. Once identified, an assessment is made as to whether the disease in question might be amenable to public health intervention. It is important to emphasize that the term "expected" as used in this study is based only on the characteristics of age and gender. It does not take into account other determinants of disease rates such as health-related behaviors (e.g., tobacco and alcohol use, diet), environmental or occupational exposures, or access to health care (e.g., insurance status, other financial and personal barriers).

As a whole, the population of NH is among the healthiest and lowest risk in the nation. The population of Claremont is at somewhat higher socioeconomic risk than the State as a whole, which can result in barriers to health care access and utilization, as well as in riskier health-related behaviors. This factor must be taken into account when interpreting the SIR.

The SIR tells us how much higher or lower Claremont cancer rates are than those of the comparison population (State of New Hampshire) based on age and sex. If the observed number of cases is the same as the age-sex expected number, the SIR will equal 1. If there are more observed cases than would be expected, then the SIR will be greater than 1. If there are fewer observed cases than expected, the SIR will be less than 1. For example, if 10 cases are observed in the study population, but 5 cases were expected, then the $SIR = 10/5 = 2.0$ and the area has twice number of cancer cases as expected. But if 20 cases were expected, then the $SIR = 10/20 = 0.5$, meaning that the area has half the expected number.

Caution should be exercised when interpreting the SIR. The interpretation must take into account the actual number of cases observed and expected, not just the ratio. Two SIRs can have the same ratio, but represent very different scenarios. For example, a SIR of 1.5 could mean 3 cases were observed and 2 were expected ($3/2 = 1.5$). Or it could mean 300 cases were observed and 200 were expected ($300/200 = 1.5$). In the first instance, only 1 "excess" cancer case

occurred, which would most likely have been due to chance. But, in the second instance, 100 excess cancers occurred, which would most likely not be a chance occurrence. This elevated ratio would then be investigated further to determine if it can be linked to any known cause or set of causes.

To help interpret the SIR, the statistical significance of the difference between state and local disease rates is calculated. In other words, the number of observed cases can be determined to be significantly different from the age-sex expected number of cases or the difference can be due to chance alone. "Statistical significance" for this review means that there is less than 5 percent chance (p-value <0.05) that the observed difference is merely the result of random fluctuation in the number of observed cancer cases. If the SIR is found to be statistically significant, then the difference between the expected and observed cases is probably due to some set of factors that influences the rate of that disease.

New Hampshire's average annual age-sex specific cancer incidence rates were used to derive the expected number of cancer cases for Claremont. SIRs were calculated for each cancer type and reported when 5 cases or more were observed among Claremont residents within the reporting period. Cells with between one and four cases are suppressed at the town level in accordance with the HSDM data release policy.

Results

Table 1 presents cancer incidence statistics based on the SIR analysis for the City of Claremont. The data are presented for each of the 24 major cancer types. Statistics include:

- 1) **Observed** number of cancer cases in Claremont for the 1987-2001 period;
- 2) **Expected** number of cases based on the State age-sex average;
- 3) Ratio of Observed-to-Expected cases (**SIR**) for each cancer type; and
- 4) 95% **confidence intervals** for each SIR.

There were no statistically significant elevations in cancer rates for the City of Claremont for the 1987-2001 period. The SIR of 1.02 for "TOTAL" cancer indicates that Claremont had about 2% more cancer cases than "expected" over the 15-year period. This "excess" is most likely due to chance fluctuation.

Separating the 1987-2001 period into three 5-year groups reveals a favorable trend in overall cancer rates for Claremont compared to the State as a whole (Tables 2a-2c). In 1987-1991, Claremont had seven percent more cancer cases than expected (SIR=1.07), while in 1997-2001 it had 6% **fewer** than expected (SIR=0.94).

Of the 100 separate ratios calculated for this analysis, none of the Claremont observed number of cancers was significantly higher than expected. Only breast cancer for Claremont women was significantly lower than the age-sex expected.

Conclusions

- A standardized incidence ratio (SIR) analysis for the City of Claremont for the years 1987-2001 found that cancer rates for 24 major cancer types were all within their expected ranges based on corresponding rates for the state as a whole.
- Analysis of trends over that fifteen-year period revealed a substantial improvement in total cancer rate for Claremont from 1987-1991 to 1997-2001. During the 1997-2001 period, the only cancer type whose observed number of cases was significantly different from the expected was female breast cancer. There were 23% **fewer** breast cancers than expected among Claremont females during this period (44 Observed, 57 Expected).

Recommendations

The findings of this Health Consultation do not suggest a need for specific cancer-related recommendations for Claremont. In general, everyone should follow prescribed cancer prevention and screening guidelines including regular screenings for breast, cervical, and colon cancer. For more information on cancer and its prevention, contact the following organizations:

NH State Cancer Registry (<http://www.dartmouth.edu/~nhscr/>)

National Cancer Institute (<http://cancer.net.nci.nih.gov>)

American Cancer Society (www.cancer.org)
800-ACS-2345

Division of Cancer Prevention and Control
Centers of Disease Control and Prevention (<http://www.cdc.gov/cancer>)
888-842-6355

Public Health Action Plan

Completed Actions

EHP evaluated Claremont resident cancer incidence data for the period 1987-2001. The cancer study was requested by NH Governor John Lynch.

EHP participated in a public meeting in Claremont on June 1, 2006 to discuss the findings of the cancer study with community members and local officials. The meeting was requested and organized by a NH State Representative from the Claremont area.

Planned Actions

EHP will update this cancer analysis as more recent years of data become available.

To respond to community concerns expressed at the June 2006 public meeting, EHP will conduct a health consultation based on emergency department visits of Claremont residents.

Also in response to community concerns, EHP will conduct a Public Health Assessment of the Wheelabrator-Claremont Incinerator site. The Initial Draft Public Health Assessment will be completed by July 2007.

Preparers of Health Consultation

John Colby, Jr.
Dennis Pinski
New Hampshire Department of Environmental Services
Air Resources Division
Environmental Health Program

ATSDR Regional Representative
William Sweet
EPA/New England

ATSDR Technical Project Officer
Jeffrey Kellam
Division of Health Assessment and Consultation
Agency for Toxic Substances and Disease Registry

References

1. Petition to Gov. John H. Lynch from 35 members of the Valley Regional Hospital medical staff. January 19, 2006.
2. Manchester (NH) Union Leader. "Upper Valley Doctors call Wheelabrator Incinerator Health Risk". January 20, 2006.
3. New Hampshire Department of Environmental Services. Press Release. February 10, 2006.
4. Public Meeting: **Disease Rates and Environmental Exposures in Claremont**, Sugar River Valley Technical Center, Claremont, NH: June 1, 2006, 6-8 p.m.

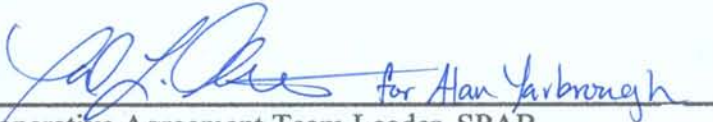
Certification

This health consultation on the evaluation of cancer data for the Wheelabrator-Claremont Incinerator Site was prepared by the New Hampshire Department of Environmental Services, Environmental Health Program, under a cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR). It was prepared in accordance with methods and procedures approved at the time the consultation was initiated. Editorial review was completed by the Cooperative Agreement partner.



Technical Project Officer, Cooperative Agreement Team, SPAB, DHAC, ATSDR

The Division of Health Assessment and Consultation, ATSDR, has reviewed this public health consultation and concurs with its findings.



Cooperative Agreement Team Leader, SPAB,

Table 1. Cancer incidence by site, Claremont residents, 1987-2001

Cancer Site	Observed Number	Age-Sex Expected Number	SIR (Obs/Exp)	95% CI Lower	95%CI Upper
Bladder	67	62	1.07	0.82	1.37
Brain & other CNS	13	11	1.21	0.60	2.18
Breast (female)	164	168	0.98	0.83	1.13
Cervical	13	11	1.21	0.60	2.18
Colorectal	146	145	1.00	0.85	1.18
Esophagus	13	12	1.07	0.55	1.86
Hodgkins Disease	5	7	0.74	0.29	1.53
Kidney & Renal Pelvis	25	23	1.10	0.69	1.65
Larynx	16	13	1.25	0.66	2.15
Leukemia	26	24	1.07	0.69	1.59
Liver	*	7	*	*	*
Lung & Bronchus	176	165	1.07	0.91	1.24
Melanoma of the Skin	28	35	0.80	0.55	1.11
Multiple Myeloma	17	12	1.45	0.74	2.54
Non-Hodgkins Lymphoma	42	39	1.07	0.76	1.46
Oral Cavity & Pharynx	20	26	0.77	0.50	1.13
Other	76	77	0.98	0.78	1.23
Ovary	24	21	1.13	0.70	1.73
Pancreas	32	25	1.32	0.84	1.92
Prostate	152	152	1.00	0.85	1.17
Stomach	22	17	1.32	0.76	2.13
Testis	*	6	*	*	*
Thyroid	8	9	0.89	0.41	1.69
Uterine	33	32	1.05	0.71	1.48
TOTAL	1128	1105	1.02	0.96	1.08

Expected numbers have been rounded to whole numbers for presentation only.

*Numbers suppressed in cancer sites with between 1 and 4 observed cases

Table 2a. Cancer incidence by site, Claremont residents, 1987-1991

Cancer Site	Observed Number	Age-Sex Expected Number	SIR (Obs/Exp)	95% CI Lower	95%CI Upper
Bladder	23	21	1.10	0.68	1.67
Brain & other CNS	*	5	*	*	*
Breast (female)	62	56	1.10	0.83	1.43
Cervical	7	4	1.57	0.46	3.85
Colorectal	63	52	1.22	0.91	1.61
Esophagus	8	4	1.99	0.54	5.10
Hodgkins Disease	*	3	*	*	*
Kidney & Renal Pelvis	7	7	1.00	0.40	2.07
Larynx	*	5	*	*	*
Leukemia	7	7	0.99	0.40	2.04
Liver	*	7	*	*	*
Lung & Bronchus	52	54	0.96	0.72	1.25
Melanoma of the Skin	8	9	0.89	0.41	1.69
Multiple Myeloma	5	4	1.35	0.34	3.57
Non-Hodgkins Lymphoma	9	12	0.75	0.39	1.30
Oral Cavity & Pharynx	10	10	1.00	0.48	1.83
Other	23	27	0.87	0.57	1.27
Ovary	7	7	0.96	0.39	1.95
Pancreas	7	8	0.89	0.38	1.76
Prostate	52	41	1.27	0.91	1.72
Stomach	8	6	1.33	0.49	2.89
Testis	*	2	*	*	*
Thyroid	*	2	*	*	*
Uterine	9	10	0.90	0.43	1.65
TOTAL	384	358	1.07	0.96	1.19

Expected numbers have been rounded to whole numbers for presentation only.

*Numbers suppressed in cancer sites with between 1 and 4 observed cases

Table 2b. Cancer incidence by site, Claremont residents, 1992-1996

Cancer Site	Observed Number	Age-Sex Expected Number	SIR (Obs/Exp)	95% CI Lower	95%CI Upper
Bladder	22	21	1.04	0.64	1.59
Brain & other CNS	6	5	1.10	0.38	2.47
Breast (female)	58	54	1.07	0.80	1.39
Cervical	*	3	*	*	*
Colorectal	39	49	0.79	0.59	1.39
Esophagus	*	4	*	*	*
Hodgkins Disease	*	2	*	*	*
Kidney & Renal Pelvis	9	8	1.16	0.49	2.32
Larynx	9	4	2.04	0.60	5.02
Leukemia	11	8	1.35	0.59	2.65
Liver	*	2	*	*	*
Lung & Bronchus	61	54	1.12	0.84	1.46
Melanoma of the Skin	8	11	0.73	0.36	1.31
Multiple Myeloma	6	4	1.57	0.41	4.10
Non-Hodgkins Lymphoma	18	13	1.42	0.75	2.44
Oral Cavity & Pharynx	*	8	*	*	*
Other	27	24	1.12	0.72	1.67
Ovary	6	8	0.79	0.33	1.59
Pancreas	15	8	1.98	0.83	3.97
Prostate	57	57	1.00	0.76	1.30
Stomach	6	6	1.06	0.37	2.34
Testis	*	2	*	*	*
Thyroid	*	3	*	*	*
Uterine	14	10	1.39	0.67	2.56
TOTAL	389	369	1.05	0.95	1.17

Expected numbers have been rounded to whole numbers for presentation only.

*Numbers suppressed in cancer sites with between 1 and 4 observed cases

Table 2c. Cancer incidence by site, Claremont residents, 1997-2001

Cancer Site	Observed Number	Age-Sex Expected Number	SIR (Obs/Exp)	95% CI Lower	95%CI Upper
Bladder	22	20	1.08	0.66	1.66
Brain & other CNS	*	5	*	*	*
Breast (female)	44	57	0.77	0.58	0.997
Cervical	*	3	*	*	*
Colorectal	44	45	0.97	0.71	1.30
Esophagus	*	4	*	*	*
Hodgkins Disease	*	2	*	*	*
Kidney & Renal Pelvis	9	8	1.12	0.48	2.19
Larynx	*	4	*	*	*
Leukemia	8	9	0.90	0.41	1.72
Liver	*	3	*	*	*
Lung & Bronchus	63	56	1.12	0.85	1.46
Melanoma of the Skin	12	15	0.82	0.45	1.35
Multiple Myeloma	6	4	1.44	0.40	3.65
Non-Hodgkins Lymphoma	15	14	1.04	0.57	1.72
Oral Cavity & Pharynx	*	8	*	*	*
Other	26	27	0.97	0.64	1.42
Ovary	11	6	1.71	0.65	3.62
Pancreas	10	9	1.09	0.50	2.06
Prostate	43	53	0.82	0.61	1.07
Stomach	8	5	1.57	0.51	3.65
Testis	*	2	*	*	*
Thyroid	*	4	*	*	*
Uterine	10	11	0.88	0.44	1.56
TOTAL	355	376	0.94	0.85	1.04

Expected numbers have been rounded to whole numbers for presentation only.

*Numbers suppressed in cancer sites with between 1 and 4 observed cases

Attachment 1. Claremont Cancer Study Press release.

Press Releases

FOR IMMEDIATE RELEASE
DATE: February 10, 2006
CONTACT: John Colby, (603) 271-4509
Bob Scott, (603) 271-1088



State Reports No Cancer Cluster in Claremont

Concord, NH - The New Hampshire Department of Environmental Services (DES) announced today that analysis conducted in response to recent inquiries, revealed no unusually high cancer incidence in Claremont for the 1987-2001 period. The DES and the Department of Health and Human Services (DHHS) conducted a review of cancer incidence in the city of Claremont and calculated rates for 24 major cancer types taking into account the age and gender composition of the population. None of the 24 major cancer types for Claremont exhibited statistically significant elevations compared with the State as a whole.

Analysis of Claremont cancer trends over time revealed an improvement in overall cancer compared to the state from 1987-1991 to 1997-2001. Breast cancer incidence was significantly lower for Claremont than for the state in the five-year period 1997-2001. No other site-specific cancers differed significantly from those of the state.

Cancer incidence data for 1987-2001 were provided by the NH State Cancer Registry. Data were analyzed with the Standardized Incidence Ratio (SIR) technique, which is used to investigate disease incidence in small areas, and is the first step in New Hampshire's disease cluster investigation protocol. The purpose of the SIR is to identify unusually high (or low) disease rates in an area and determine whether or not they are amenable to public health intervention.

DES and DHHS also plan to evaluate other available non-cancer health in the Claremont area over the coming months; and assess the need of conducting additional environmental monitoring.

A copy of the analysis is available on the DES website at <http://www.des.nh.gov/whatsnew.htm>. For more information about the analysis, please contact John P. Colby, Jr., Ph.D., Environmental Epidemiologist for the DES Environmental Health Program at (603) 271-4509 or jcolby@des.state.nh.us.

Attachment 2. Letter to Governor acknowledging completion of health consultation.

February 9, 2006

The Honorable Governor John Lynch
Office of the Governor
25 Capitol Street
Concord, NH 03301

Subject: Investigation of Claremont Cancer Rates

Dear Governor Lynch,

In response to your request, the New Hampshire Department of Environmental Services (NHDES), Environmental Health Program, in consultation with the New Hampshire Department of Health and Human Services (NH DHHS) Bureau of Health Statistics, has completed a preliminary evaluation of the occurrence of cancer in Claremont, NH in comparison with the rest of the state. As indicated in the report, the analysis of the data did not detect any elevated cancer levels of any kind in the Claremont area.

We have contacted the Valley Regional Hospital in Claremont to see if there is any interest in having NHDES present the report and its findings to the medical staff members that expressed concern. We also plan to evaluate other available non-cancer health data in the Claremont area over the coming months; and assess the feasibility of conducting additional environmental monitoring to help determine the relationship between the Wheelabrator facility and the health of residents in the surrounding community.

If you have any questions, please do not hesitate to call me at (603) 271-1088, or Richard Rumba, Environmental Health Program Administrator at (603) 271-1987.

Sincerely,

Robert Scott
Director, Air Resources Division