



Dartmouth College HANOVER • NEW HAMPSHIRE • 03755

37 Dewey Field Rd, Suite 6216 • Tel: (603) 646-1762 • Fax: 646-2622

ENVIRONMENTAL HEALTH AND SAFETY

<http://www.dartmouth.edu/~ehs/>

September 14, 2016
File No. 04.0190030.02

Town of Hanover
PO Box 483
Hanover, NH 03755

Re: Residential Water Supply Well Sampling
Hydrogeologic Investigation
Dartmouth College, Rennie Farm Site
NHDES Site No. 201111109, DES Project No. 277737

Dear Town of Hanover :

As you may know, Dartmouth College has been performing an investigation of a compound known as 1,4-dioxane in groundwater at and within the vicinity of the Dartmouth College, Rennie Farm property located at 572 Center Hanover Road. The investigation is being performed in accordance with State of New Hampshire environmental regulations, and under the guidance of the New Hampshire Department of Environmental Services (NHDES). 1,4-dioxane is manmade and was primarily used in solvents. It has also been used in varnishes and paint strippers, and can be present in certain personal care products. More information regarding 1,4-dioxane and the investigation can be found on Dartmouth College's Rennie Farm project website (<http://www.dartmouth.edu/~ehs/rennie.html>).

As part of the investigation, water quality samples have been collected from private water supply wells located in areas where the available information indicated that 1,4-dioxane may be present. 1,4-dioxane was detected in one well located adjacent to the Rennie Farm property. In addition, Dartmouth College has also sampled the private water supply wells of homeowners in the vicinity of the Rennie Farm property whenever requested by the property owner. A number of the wells in the vicinity of your property have been sampled, and Dartmouth College wanted you to be aware of the opportunity to have your well sampled for 1,4-dioxane. We do not have data indicating that your well is likely to be impacted by 1,4-dioxane, but recognize that you may be concerned about your water quality.

Dartmouth College has contracted GZA GeoEnvironmental, Inc. (GZA) to perform the sampling. If you would like to be included in the sampling program, a GZA field technician will visit your property to collect the sample. Sampling your well should take about one-half hour. Sampling will involve running an outside spigot or faucet for about 20 minutes prior to sampling, and will require GZA to access the pressure tank for the well, which is usually located in the basement or attic.

Laboratory analysis of the samples typically takes about 1 week. A second sample is typically collected 2 weeks after collection of the first sample, following the same procedure to confirm the results of the first sample. Following completion of laboratory analysis of each of the samples, you would be provided with the results of analyses by telephone or email, and by letter. The letter would provide you with an explanation of the results of the analysis and

applicable information regarding the use of water from your well. A copy of the letter would also be submitted to Dartmouth College and the NHDES.

If you would like to have your well sampled, please contact Mr. James M. Wieck GZA at (603) 232-8732 or james.wieck@gza.com to set up a time that would be convenient for you. If you have any questions, please feel free to contact Dr. Maureen O'Leary, Director Environmental Health & Safety, Dartmouth College at (603) 646 1762 or Mr. Wieck of GZA. We have attached a copy of an agreement that, if signed and returned by you, provides GZA with written authorization to access your property for the purpose of collecting the samples of water from your well and describes GZA's obligations.

On behalf of Dartmouth College, we appreciate your review of this letter and would greatly appreciate your cooperation in the sampling program.

Very truly yours,



Maureen O'Leary, PhD, MBA, CBSP
Director of Environmental Health & Safety
Dartmouth College

Attachments: Access Agreement
Stamped/Return Addressed Envelope

cc: Ms. Twila M. Kenna, Ph.D. – NH Radiological Health Section, NH DHHS Division of Public Health Services
Mr. Paul Rydel, P.G. – NHDES Hazardous Waste Remediation Bureau

SITE ACCESS AGREEMENT

(Please Print)

_____ agrees to allow access to his/her/their property located at _____ in _____, New Hampshire, (the property), by employees of GZA GeoEnvironmental, Inc. (GZA) provided the following conditions are met.

The work will be as follows:

1. Dartmouth College’s environmental consultant, GZA, would like to collect drinking water samples from your residence. The objective of the work is to evaluate the quality of your drinking water as your residence is located within the vicinity of the Rennie Farm property located at 572 Center Hanover Road in Hanover, New Hampshire, which is the site of an on-going investigation of groundwater quality. Your participation in this effort is voluntary and it is your choice to give permission to GZA to access your property.
2. GZA will exercise due care and caution in the performance of the work. GZA will be responsible for any property damage or personal injury caused by its sole negligence. You as the property owner shall not be responsible for such repair or personal injury of GZA personnel.
3. Once analytical drinking water analysis is complete, the results will be available to the owner, operator, or tenant as requested.
4. GZA shall maintain current insurance coverage in the amounts shown on the attached Certificate of Insurance.

This agreement may be modified only in writing and signed by all parties.

This agreement shall take effect immediately on the last of the dates listed below.

This agreement will terminate one year from the date of signature below.

If acceptable to the property owners and GZA, this agreement may be extended.

Property Owner’s Name (Print and Sign)

Date

Steven R. Lamb, P.G., C.G.W.P.; Principal
GZA GeoEnvironmental, Inc. (603) 623-3600

Date

Attachment: Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|--|--------------|
| PRODUCER Risk Strategies Company 160 Federal St. 2nd Floor Boston, MA 02110 | CONTACT NAME: PHONE (A/C, No, Ext): 617-330-5700 FAX (A/C, No): 617-439-3752 E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED GZA GeoEnvironmental, Inc. 5 Commerce Park North Suite 201 Bedford NH 03110 | INSURER A: Great Divide Insurance Company/ Nautilus Ins Group | NAIC # 25224 |
| | INSURER B: The First Liberty Insurance Corp | 33588 |
| | INSURER C: | |
| | INSURER D: Hartford Casualty Insurance | 29424 |
| | INSURER E: Commerce & Industry Insurance Company | 19410 |
| | INSURER F: Lexington Insurance Company | 19437 |

COVERAGES **CERTIFICATE NUMBER: 28861422** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|--------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible - \$25,000 per occurrence BI/PD GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | GLP2007957-13 | 2/28/2016 | 2/28/2017 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | AS2-Z11-261208-016 | 2/28/2016 | 2/28/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 08WBRI5941 | 2/28/2016 | 2/28/2017 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| E | Contractors Pollution Liability | | | 11710520 | 2/28/2016 | 2/28/2017 | Each Claim/ \$1,000,000 Aggregate \$1,000,000 |
| F | Professional Liability | | | 031711017 | 2/28/2016 | 2/28/2017 | Each Claim/ \$1,000,000 Aggregate \$1,000,000 |

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

Issued as Evidence of Insurance.

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE CERTIFICATE OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael Christian

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